

**Housing & Residence Life**  
**Request for Group/Conference Housing**

Completion of this form generates a request for use of NSU residential facilities for group/conference housing needs. Completion of this form does not guarantee accommodations during the requested period. Upon approval from Housing & Residence Life, a Group/Conference Agreement will be generated and signed by all appropriate parties.

General Information

**Date of Submission:** \_\_\_\_\_ **Group/Conference Name:** \_\_\_\_\_

**Contact Person/Advisor:** \_\_\_\_\_ **Contact Phone Number:** \_\_\_\_\_

**Contact Email Address:** \_\_\_\_\_ **Contact Fax Number:** \_\_\_\_\_

**Organization Address:** \_\_\_\_\_

Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Program Type:** On-Campus (NSU affiliated) Program \_\_\_\_\_ Off-Campus Program \_\_\_\_\_

Group/Conference Schedule

**Desired Date of Arrival:** Date: \_\_\_\_\_ Check-In Time: \_\_\_\_\_

**Desired Date of Departure:** Date: \_\_\_\_\_ Check-Out Time: \_\_\_\_\_

Participant Information

**Group Age (check all that apply)**

Elementary School	Middle/Junior High School	High School
Undergraduate Students	Graduate Students	Adults

**Number of Counselors (For Student and Youth Sponsored Programs):** Male \_\_\_\_\_ Female \_\_\_\_\_ Total \_\_\_\_\_

**Number of Participants:** Male \_\_\_\_\_ Female \_\_\_\_\_ Total \_\_\_\_\_

Preferred Accommodations

Please indicate how many of each unit type your group will need (actual assignments will be based on availability).

**Residents residing in permanent assignments** (available during the fall and spring semesters only) (rates vary): \_\_\_\_\_

**Double Rooms** (two person accommodations with use of community bathroom) (\$30 per person per night): \_\_\_\_\_

**Triple Suites** (three person accommodations with on-suite bathroom) (\$30 per person per night): \_\_\_\_\_

**Double Suites** (three bedroom suite housing six residents, two bathrooms and common living space) (Midrise Residential Honors College Only) (\$35 per person per night): \_\_\_\_\_

**Single Rooms** (private bedroom with shared use of community or suite bathroom) (\$35 per person per night): \_\_\_\_\_

**Special Accommodations** (spaces needed for persons who have restricted living conditions) (rates vary): \_\_\_\_\_

Method of Payment: (Upon approval of your groups' accommodations, an invoice will be generated. Please check the anticipated method of payment) Check \_\_\_\_\_ Purchase Order \_\_\_\_\_ Bill to Student \_\_\_\_\_

\*Meals must be secured directly through the Office of Auxiliary Services (757) 823-8085\*

Send completed forms to [housing@nsu.edu](mailto:housing@nsu.edu) or fax to (757) 823-2304

**If available, please attach the following documentation:**

- A complete spreadsheet (in Microsoft Excel) of all participants and/or counselors expected to stay to include: NSU ID number (if applicable), last name, first name, gender, age, preferred living accommodations and participant or counselor status.
- A schedule of activities, specifying dates, times of activities by participants/counselors.

**Office Use Only:** Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Request Status:  Approved  Denied