

FHSU RESIDENTIAL LIFE CONFERENCE SERVICES CONFERENCE/EVENT APPLICATION

Name of conference: _____

Sponsoring Entity: _____

Contact Person:

Name: _____

Office Telephone: _____

Alternate Telephone: _____

Fax Number: _____

Email address: _____

Mailing address for billing purposes: _____

Account number for billing purposes (if FHSU entity) : _____

Dates Requested

Conferences are hosted beginning 1 week prior to Summer School through August 1. For any request during other time periods, please contact our Conference Services Coordinator at (785) 628-4899.

First Preference

Arrival Date: _____

Arrival Time: _____

Departure Date: _____

Departure Date: _____

Second Preference

Arrival Date: _____

Arrival Time: _____

Departure Date: _____

Departure Time: _____

(Please note date preferences do not represent reservations. Every effort will be made to accommodate first requests. Residential Life Conference Services Coordinator will confirm dates in writing. Requests are considered according to submission date.)

Participant Numbers

These numbers will be utilized for reservation planning only. Please refer to the “**Conference Agreement and Contract**” to specific roster requirements and associated rates.

	Male	Female	Age Range
Conference Attendees	_____	_____	_____
Counselors (live-in)	_____	_____	_____
Commuter Attendees (meals only)	_____	_____	_____
Coaches/Sponsors (meals only)	_____	_____	_____

Please submit application electronically to srl@fhsu.edu or in hard copy to

Conference Services Coordinator, FHSU Residential Life

114 Agnew Hall

Hays, KS 67601