

**University of Hawai'i at Manoa Student Housing Services**  
**Conference Housing Application**

Name of Group: \_\_\_\_\_ Applicant's Name: \_\_\_\_\_  
(Please Print or Type)  
Mailing Address: \_\_\_\_\_

City/State/Country/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please check the box(es) which apply to you:**

- ☐ Our conference group will be hosted by a University of Hawai'i department.
- ☐ Our conferees will be registered for a University of Hawai'i at Manoa credit or non-credit courses during the conference period.
- ☐ Our conferees will be receiving credit from other universities or colleges.
- ☐ Our conference group belongs to a non-profit or charitable organization.

Name & title of University contact: \_\_\_\_\_

Brief description of program: \_\_\_\_\_ Sponsoring Organization: \_\_\_\_\_

Total number of people in residence: \_\_\_\_\_ # of Males: \_\_\_\_\_ # of Females: \_\_\_\_\_

Number of people 18 and over: \_\_\_\_\_ Age 17 and below: \_\_\_\_\_

Check-in Date: \_\_\_\_\_

Check in time: 2:00 P.M.

Check-out Date: \_\_\_\_\_

Check out time: 12 noon

Accommodation preference: Please indicate the number of rooms required.

**Frear Hall**

|  |       |         |
|--|-------|---------|
| Four bedrooms, four occupants (shared bath): | _____ | unit(s) |
| Two bedrooms, four occupants (shared bath):  | _____ | unit(s) |
| Two bedrooms, two occupants (shared bath):   | _____ | unit(s) |
| One bedroom, one occupant:                   | _____ | unit(s) |

**Hale Aloha**

|  |       |         |
|--|-------|---------|
| One bedroom, two occupants (semi-private bath) | _____ | unit(s) |
| One bedroom, one occupant (semi-private bath)  | _____ | unit(s) |

**Meal Program (REQUIRED):**

\*Meal swipes can be used for any meal during the duration of your stay\*

Monday - Friday Meal Plan: ☐ 2 swipe per day ☐ 3 swipe per day

Saturday - Sunday/Holiday Meal Plan: ☐ 2 swipe per day

Dietary Restrictions: \_\_\_\_\_

**Security deposit or other refund payable to:**

(Please indicate full name and address)

Return application to: Conference Housing Office - Student Housing Services

2569 Dole Street Honolulu, HI 96822-2381 Telephone 808.956.7436 Fax 808.956.5995 Email uhmconf@hawaii.edu