

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

Name of Group: _____ Coordinator'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.

Brief description of program: _____

Sponsoring organization: _____

Name & title of University contact: _____

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

One bedroom (1 occupant) in four bedroom suite (shared bath for 4 people): _____ room(s)

One bedroom (2 occupants) in two bedroom suite (shared bath for 4 people): _____ room(s)

One bedroom, one occupant: _____ room(s)

I will be paying via Credit Card (Visa, MasterCard, Discover, JCB only)

Meal Program (Please circle): *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

Meal Plan Special Requests: _____

Security deposit or other refund payable to: _____
(Please indicate full name and address) _____

Return application to Student Housing Services - Conference Housing

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