

**University of Hawai'i at Manoa Student Housing Services  
Academic Year 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.

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**

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)

**Atherton House**

One bedroom, two occupants (semi-private bath) \_\_\_\_\_ room(s)

One bedroom, one occupant (semi-private bath) \_\_\_\_\_ room(s)

**Linen Option:** (Please choose ONE option only)       Bed made upon arrival (\$12.00 a bed)       Bed not made

**Meal Program (Required for Frear Hall):** \*Meal swipes can be used for any meal during the duration of your stay\*

\*Meal plans and Meal points are optional for Atherton House stays\*

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) \_\_\_\_\_