

**University of Hawaii at Manoa
Conference Housing**

Non-Conference Meal Request Form

*For guests not residing in Conference Housing

Name of Group: _____

(Please Print or Type)

Coordinator's Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Email: _____

Dates of Meal Service: _____ - _____

Number of People in Group: _____

Meal Options

Monday-Friday Meal Plan: 2 swipe per day

3 swipe per day

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

Optional: Meal Plan Points (1 pt = \$1): _____

Dietary Restrictions: _____

Please list meal needs here: (Ex. Sack meals, p/u time and date)

_____ For Office Use Only _____

Meal Card Number(s):