



COLORADO COLLEGE
1 8 7 4

Colorado College Conference Office Initial Agreement 2010

Conference Name or Event: _____

Conference Coordinator/Primary Contact
(Responsible for all planning and payment of the Event)

Secondary Contact (if any)

Name: _____

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

Phone number(s): _____

Phone: _____

FAX number(s) _____

Fax: _____

E-mail address: _____

E-mail: _____

PARTICIPANT INFORMATION

On Campus Participant Information Total Number of:

Arrival Date: Early arrivals (staff): _____ Participants: _____
On Campus participants

Departure

Date: Late departure (staff): _____ Participants: _____

Meals needed (Please check): Breakfast Lunch Dinner

Dorms requested: Yes _____ No _____

Building name: _____

Apartments requested: Yes _____ No _____

Building name: _____

Number of **guaranteed** on campus participants and category of conference participants:

Elementary School _____

College _____

Junior High School _____

Adult _____

High School _____

Families _____



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TOTAL number of guaranteed on campus participants that you will be responsible for paying in contract: _____

Off Campus Participant Information Total Number of:

Arrival Date: Early arrivals (staff): _____ Participants: _____
Off Campus participants

Departure

Date: Late departure (staff): _____ Participants: _____

Meals needed (Please check): Breakfast Lunch Dinner

Please use the following space to provide us with a brief description of your conference program. Please describe your purpose, activities, etc. This information will be used in at Colorado College Communication with the campus and in our publications and on our conferences website.

FACILITY REQUIREMENTS

Please use the space below to detail the requirements of your conference. Be specific with location, dates, and times you will need these locations. If you do not list meeting facilities below we cannot guarantee that space will be available for last minute request:

Classrooms requirements:

Dates:



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Large meeting space requirements:
(Please include all outdoor spaces)

Dates:

Computer lab requirements:

Dates:

INTERNET Requested: Y or N

Special arrangements:

PAYMENT AND CONTRACT INFORMATION

Method of Payment (check one):

- Check
- Credit card (4% fee will be added to invoice)
- Interdepartmental charge (Journal Entry)
Please provide budget code to charge

Please return this form by **August 31, 2009** to hold your reservation until your official contact is available in December to:

The Colorado College
Summer Programs Office, 14 East Cache La Poudre
Colorado Springs, CO 80903
(719) 389-6900 phone, (719) 389-6955 fax

I understand that this agreement is tentative and that an official contract will be mailed with actual reserved space requirements. This agreement will be used to hold housing and meeting room facilities.

Conference Organizer

Date