

**Villanova University Office of Conference Services**  
**Meeting Information Sheet #2**

Please fax (610-519-7869) or e-mail (stefanie.austinat@villanova.edu) this Info Sheet to Conference Services by the date indicated below and keep a copy for your records. With any questions or comments, please call us at 610-519-7790. **Both sides must be completed.**

**Meeting Info Sheet #2 - Due**

Today's Date: \_\_\_\_\_

**Section 1:**

Group/Organization/Department Name: \_\_\_\_\_  
Program/Event Name: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Hours of Program Check-In: \_\_\_\_\_ to \_\_\_\_\_  
Hours of Housing Check-In: \_\_\_\_\_ to \_\_\_\_\_ (Standard: 3pm)  
Date of Departure: \_\_\_\_\_ Hours of Program Check-Out: \_\_\_\_\_ to \_\_\_\_\_  
Hours of Housing Check-Out: \_\_\_\_\_ to \_\_\_\_\_ (Standard: 12pm)

Date(s) of Staff Arrival: \_\_\_\_\_ Number of Staff: \_\_\_\_\_  
Early Arrivals, per arrangement (#s incl. staff / Dates): \_\_\_\_\_ / \_\_\_\_\_  
Late Departures, per arrangement (#s incl. staff / Dates): \_\_\_\_\_ / \_\_\_\_\_

Desired Registration Sites for Program: \_\_\_\_\_ Tables/Chairs needed from OCS: \_\_\_\_\_ / \_\_\_\_\_ by Date/Time: \_\_\_\_\_ / \_\_\_\_\_  
Housing: \_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_

Conference Services Staff requested for Housing Check-In, based on availability:  Yes, \_\_\_ to \_\_\_ (3 hours complimentary, \$20.00 per staff per hour for additional hours)  No

**Section 2:**

Primary Group Administrator/Planner: \_\_\_\_\_  on site  off site

Address: \_\_\_\_\_  
Office Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Associate Administrator/Planner (on site): \_\_\_\_\_  
Address: \_\_\_\_\_  
Office Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Group Billing Address: \_\_\_\_\_  
Billing Contact, if different from above: \_\_\_\_\_

Contact for housing/dining arrangements:  Primary Planner  Associate Planner  Other \_\_\_\_\_

Contact to call for on-site emergencies and off-hour arrivals: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_

***Form continues on next page!***

### Section 3: (Estimates)

#### A. Housing

	Residents (M/F)	Commuters (M/F)	Total (M/F)
Number of Staff	/	/	/
Number of Participants	/	/	/
Total	/	/	/

#### B. Dining

List your **estimated numbers of diners** for on-campus Dining Hall meals in the appropriate fields for each day of your stay. (Please continue on separate sheet, if necessary.)

Day/Date	Breakfast	Lunch	Dinner

#### C. Catering

Describe your on-campus Catering needs by indicating the type of function, location and approximate time for the appropriate days. **Include estimated numbers.** Catering functions include: catered breakfasts/lunches/dinners, tote-bag meals, morning/afternoon refreshment breaks, receptions, evening socials or other (please explain). You will also need to contact Catering (610-519-7273) to place your Catering order and Ron Diment (610-519-7580) to discuss locations for your functions.

Day/Date	Type of Function	Location	Approximate Time	Estimated Diners

Do you have individuals with disabilities in your group?  Yes\*  No  
 Do you have individuals with special dietary requirements in your group?  Yes\*  No

\*If yes, please provide details below and call 610-519-7790 for arrangements.

Notes:

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