



Conference and Event Support Services  
2043 College Way, A-144  Forest Grove, OR 97116  
(phone) 503-352-2111  (fax) 503-352-3189   
[conferences@pacificu.edu](mailto:conferences@pacificu.edu)

## CONFERENCE APPLICATION

### GROUP INFORMATION

Group Name:

Address:

Phone:

Fax

E-mail:

Primary contact person:

Phone:

Alternate phone(s):

Purpose or primary mission of the organization/event:

Is group a 501(c)3 non-profit organization? If YES: List Fed ID #

Circle One: Corporation    LLC    Limited Partnership    Other \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

### EVENT INFORMATION

Is there a charge to attend the event? (Yes or No)

Name of conference or event:

Dates(s) of conference or event:

Hours of conference or event: (specify am or pm)

Estimated number of attendees:

Will attendees be arriving at the same time? (Yes or No)

Will alcohol be served at this event? (Yes or No)

Type of event: (Meeting, Conference, Workshop, Reception, Other)

### FOOD & BEVERAGE NEEDS

All food service is provided by our on-campus food service and caterer. No outside food may be served on campus. University Conference Service will be happy to schedule a meeting with our Food Service Contractor.

### MEETING & FACILITIES NEEDS

Please indicate the facility requirements for your group. Include lounge areas, registration areas, meeting/classroom/workshop needs etc. Please indicate your wishes for the room set-up using the codes below:

- |   |                                |
|---|--------------------------------|
| 1. classroom style (table/desk and chairs)      | 7. open lawn areas             |
| 2. indoor reception style (no seating)          | 8. dining space                |
| 3. theater seating (rows of chairs)             | 9. Macintosh computer labs     |
| 4. performance seating (raised seating w/stage) | 10. PC computer labs           |
| 5. lounge seating (open area with seating)      | 11. gymnasium                  |
| 6. outdoor reception style (no seating)         | 12. athletic shower facilities |

Date(s)      Time(s)      Type of set-up      Size of group      # of rooms needed

### AUDIO/VISUAL SERVICES

- |  |   |
|--|---|
| <input type="checkbox"/> Television/VCR    | <input type="checkbox"/> Microphone           |
| <input type="checkbox"/> Document Camera   | <input type="checkbox"/> Video data projector |
| <input type="checkbox"/> Slide projector   | <input type="checkbox"/> Portable PA system   |
| <input type="checkbox"/> Projection screen | (speakers and microphone –not for music)      |
|  | <input type="checkbox"/> Lap top computer     |

### RESPONSIBILITIES OF PRIMARY CONTACT

1. Be present at all times during the course of the event.
2. Reserve all space that will be used for the event (through Conferences Services).
3. Insure that event participants abide by University policies.
4. Pay cost of additional equipment and/or staff which may be required during the event.
5. Arrange for chaperones if the age of the participants makes it necessary.
6. Provide certificate of insurance and deposit to Conference Services with signed contract.

### SUBMITTING APPLICATION FORM

This application form was complete by:

Name:

Title:

On Behalf of:

Date completed:

Contact information:

Signature: \_\_\_\_\_