

Summer Conference Guest Housing Request Form

CONFERENCE GUEST & GROUP INFORMATION

Name: _____

Group/Program Name: _____

Reason for visit: _____

Phone Number: _____ Fax Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

CIN Number (Cal State LA Students Only): _____

Billing Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Cell Number: _____ Other Number (specify): _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

RESERVATION INFORMATION

Number of Guests: _____ Total Females: _____ Total Males: _____

Check-In Date: _____ Check-Out Date: _____

Check-In Time: _____ Check-Out Time: _____

Check-in times must be between the hours of 7AM and 9PM.

Check-out times must be between the hours of 7AM and 9PM.

Number of Adults: _____ Number of Chaperones: _____ Number of Minors: _____

Number of Doubles: _____ Number of Singles: _____

Signature

Date

Please Note: Full payment must be submitted prior to your arrival date. If you need to check in or out after hours, arrangements must be made ahead of time with the Summer Conference Coordinator.