University of Hawai'i at Manoa Student Housing Services Academic Year Conference Housing Application

Name of Group:	Coordinator's Name:
(Please Print or Type) Mailing Address:	
City/State/Country/Zip Code:	
Telephone: ()	Fax:()
Email:	Signature:
Please check the box(es) which apply to you:	
Our conference group will be hosted by a University of Hawai'i department.	
Our conferees will be registered for a University of Hawai'i at Manoa credit or non-credit courses	
during the conference period.	
Our conferees will be receiving credit from other universities or colleges.	
Our conference group belongs to a non-profit or charitable organization.	
Brief description of program:	
Sponsoring organization:	
Name & title of University contact:	
Total number of people in residence: # of Ma	les: # of Females:
Number of people 18 and over:	Age 17 and below:
Check-in Date:	Check in time: 2:00 P.M.
Check-out Date:	Check out time: 12 noon
Accommodation preference: Please indicate the number of rooms required.	
One bedroom (1 occupant) in four bedroom suite (shared bath for 4 people): room(s)	
One bedroom (2 occupants) in two bedroom suite (shared	bath for 4 people): room(s)
One bedroom, one occupant:	room(s)
Linen Option: (Please choose ONE option only)	□ Bed made upon arrival (\$12.00 a bed) □ Bed not made
Meal Program (Please circle): *Meal Swipes can be used for any	meal during the duration of your stay*
Monday - Friday Meal Plan: D 2	swipe per day G 3 swipe per day
Saturday - Sunday/Holiday Meal Plan: 🛛 2	swipe per day
Meal Plan Special Requests:	
Security deposit or other refund payable to:	
(Please indicate full name and address)	

Return application to Conference Officer Student Housing Service

2569 Dole Street Honolulu, HI 96822-2381 Telephone 808.956.7436 Fax 808.956.5995 Email uhmconf@hawaii.edu