



Application for Conference Holding at Trinity University

Please provide the following information. Doing so, will help us better evaluate your specific requests. All arrangements will be confirmed through a written contract between the organization and the College.

Legal Name of Group _____

Mailing Address _____ Phone _____

City/State/Zip _____ Fax _____

Coordinator's Name _____ Phone _____

Coordinator's/Contact Person's Email: _____

Organizations' Web Address: _____

Tax Status: _____ Tax Exempt Cert. # _____

Group's Mission Statement: _____

Purpose of Conference: _____

Conference Information:

Date Conference/Event Begins _____ Arrival/Start Time _____

Date Conference/Event Ends _____ Departure/End Time _____

Number of Participants: _____

Will you require housing? yes / no

Alumnae? Yes / No : | If so, state year of graduation: _____

Accommodations:

Meeting Space Rental:

Total Rooms Requested: _____

<u>Meeting Space:</u>	<u>Accommodates up to:</u> *theater-style set-up	<u>*Cost Per Hr/Day</u> (day rental consists of +5 hr occupancy)	<u>No. of Days Requested</u>
Social Hall	250 people	\$100.00/hr \$1,200.00/day	
O'Connor Auditorium w/ stage	300 people	\$100.00/hr \$1,000.00/day	
Rose Parlor	60 people	\$75/hr, \$750.00/day	
Classroom	25 people *classroom style only	\$75.00 (day rental only)	

Room Set-up Needs:

Chairs:	Number	Tables:	Number:
Stackable:		8' long	
Folding:		5' round	

Meals (Dining Hall hours vary)

Saturday & Sunday = Brunch and Dinner only

Date of first meal _____ Date of last meal _____

Please list dates and number of participants for each meal:

	No. of People	No. of Days:	✓ For Catered:	✓ Meals in Cafeteria
Breakfast:				
Cont'l Breakfast:				
Lunch:				
Box Lunch:				
Dinner:				
Snacks:				

Insert catering request in the space below. Once submitted, prices for your request will be forwarded to you via email.

HOUSING:

Date/Time of First Arrival: _____ Date/Time of Last Departure _____

	SINGLES	DOUBLES	
Women			
Men			
Totals:			=

Special requirements for physically challenged: _____

Limitation of Liability:

Applicant acknowledges and agrees that Trinity, its officers and its employees will have no liability in the event of any loss, damage or theft of any real property of Applicant or anyone accompanying Applicant, except in the event of willful misconduct on the part of a Trinity officer or employee. Applicant further acknowledges and agrees that Trinity, its officers and employees will be held harmless from any liability in the event of any bodily harm to Applicant or anyone accompanying Applicant, except in the event of willful misconduct on the part of a Trinity officer or employee.

X _____

RETURN APPLICATION TO: Shelley Fisher
Trinity (Washington) University
125 Michigan Avenue, NE
Washington, DC 20017
202-884-9136 (Tel.)
202-884-9318 (Fax)

Visit our website to view our campus map: www.trinitydc.edu, click on "Visiting Trinity," and then "Driving Directions."