

# Georgia State University-Housing

## Contract Request Form

for Conferences & Individual Housing and EMS Clients



**Complete the following questions to request a contract for housing accommodations for your summer conference, camp, individual, and EMS needs. Return form by clicking "Submit by Email" above (valid for IE browser only), or "Print Form" and return via fax to (404)413-1803; Attn: Conference Services, or save form and send as an attachment to [conferences@gsu.edu](mailto:conferences@gsu.edu).**

1. Complete name of the company/organization/individual:

2. Name of primary contact:  3. Email:

4. Complete mailing address, city, state, zip:

5. Telephone number (prefer cell or best contact):  6. Fax number:

7. Name of secondary contact person:  8. Email address:

9. Complete mailing address, city, state, zip for 2nd contact:

10. Telephone number (prefer cell or best contact):  11. Fax number:

12. Demographics: # of Males  # of Females  Age Category (check one):  All Adult  Youth w/Adult Chaperone  Both

13. Total number of participants needing accommodations:  14. Will you require linen service?  Yes  No

15. Additional Attendee Info (Ex. include names of guests up to 4 ppl, ADA requirements, roommate preference, etc.):

16. Date and time of group's check-in:  17. Date and time of group's check-out:

18. Will you need meal plans in out dining center?  Yes  No 19. For how many (include commuters)?

20. What meals do you need for your group? (check all that apply)  Breakfast  Lunch  Dinner

21. Which days?  M  T  W  TH  F  SA  SU

22. Will you need catering outside of dining center meals?  Yes  No 23. Will you require meeting space?  Yes  No

24. Will you require parking?  Yes  No 25. # of Vehicles Car(s)  Van(s)  Bus(es)

26. Will you require airport shuttle service?  Yes  No

27. How will your account be paid? (check one)  Group Pay via Master Account  Each Participant will Self-Pay

28. What method of payment will you use for the deposit?  Cash  Check  Debit/Credit Card  Speed Type

29. What method of payment will you use for the final payment?  Cash  Check  Debit/Credit Card  Speed Type

<b>FOR OFFICE USE ONLY</b>
Kx Entry of Application by: _____ Date: _____
EMS Web Prep Form Completed by: _____ Date: _____
Contract Sent Email sent by: _____ Date: _____
EMS Website Completed by: _____ Date: _____

**Upon submission, please allow 7-10 business days for contact from our office. If you have not received a call by then, please e-mail a follow-up inquiry to: [conferences@gsu.edu](mailto:conferences@gsu.edu).**

**We look forward to doing business with you.**

**THANK YOU!!!**