

# LODGING SETUP FORM

- ATTACH CONFERENCE / EVENT BROCHURE & ITINERARY
- CA&E WILL MAKE RESERVATIONS FOR PROPER PROCESSING



## CONTACT INFO

ORGANIZATION NAME

CONTACT NAME

CELL #

EMAIL

## EVENT / CONFERENCE INFO

NAME OF EVENT

LOCATION OF EVENT

DATE(S) OF EVENT

WEBSITE

## LODGING INFO

SEGREGATED FEES & PRIVATE ACCOUNTS WILL COVER ROOM AND TAX ONLY.

HOTEL NAME

PHONE

FAX

ADDRESS / CITY / STATE

ARRIVAL DATE

DEPARTURE DATE

RATE PER NIGHT

TAXES

TAX EXEMPT

SAMPLE LODGING COST TABLE	
No. of rooms	2
X No. of Nights	3
=	6
x Rate per Night	\$50.00
Room cost	\$300.00
x Hotel tax %	10%
Hotel tax \$	\$30.00
<b>Hotel Cost Total</b>	<b>\$330.00</b>

ACTUAL LODGING COST TABLE	
No. of rooms	
x No. of Nights	
=	
x Rate per Night	
Room cost	
X Hotel tax %	
Parking Fee	
Hotel tax \$	
<b>Hotel Cost Total</b>	

CONFIRMATION (CA&E USE ONLY)	
No. of rooms	
No. of Nights	
Rate per Night	
Room Tax %	
Confirmed by & Date	
Parking Fee	
Cancellation Policy	
<b>Hotel Cost Total</b>	

## ROOM CONTACT NAMES

IF SPECIAL CONSIDERATIONS ARE NEEDED, PLEASE LET US KNOW.

ROOM 1

# OF BEDS:  1  2

PERSON CLAIMING ROOM\* \_\_\_\_\_

PRINTED NAME (INCLUDE MIDDLE INITIAL)	PHONE #	RANGER EMAIL

\*MAY NEED TO BE 21 YEARS OLD

<b>ROOM 2</b>	# OF BEDS: <input type="checkbox"/> 1 <input type="checkbox"/> 2	PERSON CLAIMING ROOM* _____
PRINTED NAME (INCLUDE MIDDLE INITIAL)	PHONE #	RANGER EMAIL

<b>ROOM 3</b>	# OF BEDS: <input type="checkbox"/> 1 <input type="checkbox"/> 2	PERSON CLAIMING ROOM* _____
PRINTED NAME (INCLUDE MIDDLE INITIAL)	PHONE #	RANGER EMAIL

<b>ROOM 4</b>	# OF BEDS: <input type="checkbox"/> 1 <input type="checkbox"/> 2	PERSON CLAIMING ROOM* _____
PRINTED NAME (INCLUDE MIDDLE INITIAL)	PHONE #	RANGER EMAIL

<b>ROOM 5</b>	# OF BEDS: <input type="checkbox"/> 1 <input type="checkbox"/> 2	PERSON CLAIMING ROOM* _____
PRINTED NAME (INCLUDE MIDDLE INITIAL)	PHONE #	RANGER EMAIL

**\*MAY NEED TO BE 21 YEARS OLD**

## AUTHORIZATION

\*State funds cannot be used for "no shows" or late cancellation fees and student org officers will be personally responsible for these fees if they are charged.  
 \*Some organizations are funded by segregated University fees and these funds cannot be used for academic, personal, political, commercial gain, or other purposes not authorized by UW-System policy.  
 \*By signing this form you are committing your funds for the conference/event listed on the previous page.

<b>ORG. OFFICER</b>			
	<b>SIGNATURE</b>	<b>PRINT NAME</b>	<b>DATE</b>
<b>CA&amp;E</b>			
	<b>SIGNATURE</b>	<b>PRINT NAME</b>	<b>DATE</b>