

**Paul Smith's College
Conference Inquiry Form**

DO NOT WRITE IN THIS BOX

Event Date: _____
 Actual Event Time: _____
 Location: _____
 Set-Up Time: _____ Confirmed: Y N

Please print legibly.

PLEASE NOTE: Completion of this form does NOT guarantee your event can be accommodated. Please mail, email or fax the COMPLETED request form to the Office of Events and Conference Services (OECS) no later than two weeks prior to your event. **Requests will not be processed until a completed Conference Inquiry Form is received.** If your event is approved you may be required to submit a security deposit. If you cancel your event you will be charged for services rendered.

A Certificate of Insurance is required, regardless of the nature of your event. Purchaser shall provide its own liability insurance for all of its participants in the subject conference of not less than \$2,000,000 per person simplified form and \$2,000,000 per occurrence, to be written on simplified occurrence basis. Any reductions in coverage from the standard simplified form are to specifically listed and accepted by the College. The College is to be named as additional insured on that policy.

In some situations, participants may be required to sign waivers prior to the meeting/event. Parents/legal guardians **must sign** waivers for youth participants. Copies of these waivers must be filed with the Office of Conference and Event Services.

Today's Date	Conference Dates	# of Beds Needed	Annual Conference Yes/No	Non-Profit Yes/No		
Business Name		Contact Person (name/title)				
Phone		Fax				
Email						
Mailing Address						
Conference Description						
Event/ Meeting Spaces Needed <i>(if specific room is being requested or if you need more than one room, # of people to be accommodated, set up style - use additional page if needed)</i>						
Technology Needs						
Audio/Visual Needs						
Catering Options	Breakfast	Morning Break	Lunch	Afternoon Break	Dinner	Reception
Dining Hall	Breakfast		Lunch		Dinner	
Comments						
Signature			Date			

Please return this completed form to: Mary McLean, Paul Smith's College, PO Box 265, Paul Smiths, NY 12970-0265
 Fax (518) 327-6267 email mmclean@paulsmiths.edu