Conference Housing Reservation Form
Please print and mail this form to the address below.

UNO Department of Student Housing
Pontchartrain Hall North Rm. 128
2000 Lakeshore Drive
New Orleans, LA 70148
Fax: 504-280-5584

Conference Group Information
Group Name: ___________________________ Number of Participants: ________________
Type of Group: □ Adult □ Under 18 □ Male □ Female □ Co-ed [Check all applicable.]
Number of Group Participants: ______________ Number of Staff Participants: ___________
(For every 8 group participants under the age of 18, one chaperone is required.)

Conference Sponsor (for billing purposes)
Sponsor Name: __________________________________ Phone Number: _____________________
Email Address: __________________________________ Fax Number: _______________________
Business Address: ______________________________________________________________________

Conference On-Site Coordinator (Each group must have an on-site contact person. This person will also be
contacted to set up room assignments).
On-site Coordinator Name: ______________________________ Cell Phone Number: ______________
Fax Number: ___________________________________________ Email Address: __________________

Residency Requests
Please let us know of any special needs your group participants may require.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Arrival/Departure Information
Arrival Date: _________ Arrival Time: __________
Departure Date: _______ Departure Time: _______

Method of Payment
If we can accommodate your request, a representative from our department will contact you. At the
time of reservation, a 25% deposit will be required in the form of a check or money order. Your stay will
not be confirmed until receipt of the deposit. This deposit will secure your reservation and will be
refunded to you 7-10 days after your departure. The entire balance will be due and payable to the University of New Orleans prior to your check in.

Signature ___________________________