Radford University Conference Services

Service Request Form (SERF)

Event Title: _____

Start Date: _____ **End Date:** _____ **On-Campus** ☐ **Off-Campus** ☐

Event Location: _____

Sponsoring Organization: _____

Primary Contact: _____ **Title:** _____

Mailing Address: _____ **Business Phone #:** _____

Home Phone #: _____

E-Mail Address: _____ **Fax Number:** _____

Secondary Contact: _____ **Title:** _____

Mailing Address: _____ **Business Phone #:** _____

Home Phone #: _____

E-Mail Address: _____ **Fax Number:** _____

Billing Agent (if different): _____ **Title:** _____

Mailing Address: _____ **Business Phone #:** _____

Fax Number: _____

E-Mail Address: _____

Banner FOP Code: (Radford University Only) _____

Note: Final Payment will automatically be processed by IDT within 2 weeks of receipt of final invoice.

Sales Tax Exempt # (Goods only-not services): _____

Anticipated Participant Numbers

# of on-campus overnight residents: _____

# of non-residents: _____

Event Classification & Schedule

Type of Organization (non-profit, educational, etc.): _____

Event Description:

Registration Audience/Market: _____

Event Schedule/Agenda:

Submit preliminary Schedule with this form. Final schedule due no later than 1 month prior to Event date.

Is Schedule attached?: **Yes** ☐ **No** ☐

Please include a website that Conference Services can link to: _____

Notes:

Funding Sources - please check the type of income that you expect to obtain to support this Event:

Registration Fees: ☐ **Sales of Goods/Services:** ☐ **Tuition:** ☐ **Ticket Sales:** ☐

Exhibitor's Fees: ☐ **Grants:** ☐ **Sponsoring Org. Direct Bill:** ☐ **Other:** ☐

Describe other funding:

Continuing Education Units (CEU) Service Requests:

Is your Event requesting CEU's?: **Yes** ☐ **No** ☐

Note: Submit preliminary CEU schedule with this form. Final schedule due no later than 2 weeks prior to Event date.

CEU Notes:

For Office Use Only

CEU Information Packet Sent *Date:* _____ *Initials:* _____

Other Information Sent *Date:* _____ *Initials:* _____

Registration & Logistics

Do you want Conference Services to manage pre-registration?: Yes ☐ No ☐

Pre-Registration Deadline: *Note: Deadline must be no later than two weeks prior to Event beginning date.* _____

Do you want Conference Services to manage on-site registration?: Yes ☐ No ☐

Note: If Conference Services manages pre-registration, the office will send confirmation letters, create nametags, and manage on-site registration.

Notes/Instructions:

Parking/Transportation

How many parking passes will your Event require?: _____

Do you want shuttle services provided? Yes ☐ No ☐

If yes, please list days and hours of operation. *Note: most central campus events require remote parking and use of shuttle buses.*

Will your group need transportation while visiting Radford University?: Yes ☐ No ☐

Method Desired:

10 passenger van ☐ **Shuttle Bus** ☐ **Car** ☐ **Other** ☐

How long will you need the transportation?:

Start Date: _____ **Return Date:** _____

Start Time: _____ **Return Time:** _____

Notes:

Campus Signage:

Exterior directional signs for your Event: Yes ☐ No ☐

Interior directional signs for your Event: Yes ☐ No ☐

For Office Use Only

Parking lot assigned: _____ *Parking passes issued:* _____ *Qty.:* _____

Signs made: _____ *Signs posted:* _____ *Qty.:* _____

Lodging Services

Complete this page if you are requesting On-Campus lodging

Total number of participants needing lodging: _____ **(enter zero-0- if applicable)**

Do you want Conference Services to assign your participants their housing?: **Yes** ☐ **No** ☐

Do any participants need specific lodging assigned due to physical challenges?: **Yes** ☐ **No** ☐

If yes, list and explain (use seperate sheet if necessary):

List of lodging participants and housing assignments due to Conference Services at least two weeks in advance of Event.

Registration/Check-In Date: _____ **Registration/Check-Out Date:** _____

Requested Check-In hours: _____ **am** ☐ **pm** ☐ **to** _____ **am** ☐ **pm** ☐

Requested Check-Out hours: _____ **am** ☐ **pm** ☐ **to** _____ **am** ☐ **pm** ☐

Number Event reps. arriving early?: _____ **Date of Early Arrival:** _____ **Time of Early Arrival** _____

Time Event representatives meet with Conf. Svcs. staff: _____

Standard check-in time = 3 hours;
Standard check-out time = 2 hours.

RESIDENCE HALL INFORMATION

Room Type	No. Rooms Requested
Single with A/C	_____
Double with A/C	_____
Single with NO A/C	_____
Double with NO A/C	_____
TOTAL # ROOMS NEEDED	_____

Residence Hall request (optional, no guarantees)

 # 1 _____
 # 2 _____
 # 3 _____
 # 4 _____
 # 5 _____

Do you want each lodging participant to receive a room key?: **Yes** ☐ **No** ☐ **Qty.** _____

Do you want each lodging participant to receive a front door key?: **Yes** ☐ **No** ☐ **Qty.** _____

Linen Information: **Do you want linen packs provided for your participants?:** **Yes** ☐ **No** ☐

If yes, check one: ☐ **All participants should receive linen** ☐ _____ **(Qty.) should receive linens**

Linens and pillows are automatically provided at no additional charge in air-conditioned Residence Halls. Linens include 2 sheets, 1 blanket, 1 pillowcase, 2 towels and 1 washcloth. Unless otherwise requested, linen is exchanged weekly. Linens and pillows maybe requested for an additional charge in Non A/C Residence Halls.

For Office Use Only

Residence Hall Assigned: _____ *Rooms Assigned:* _____ *Keys Packaged:* _____

Linens Reserved: _____ *Check-In Sheets:* _____ *Check-Out Sheets:* _____

Food Services

Complete this page if you are requesting Food Services.

Beginning Meal Date: _____ **Ending Meal Date:** _____

Dining Services (cafeteria style)

Week 1	B'fast	Brunch	Lunch	Dinner	Week 2	B'fast	Brunch	Lunch	Dinner
Monday	☐	☐	☐	☐	Monday	☐	☐	☐	☐
Tuesday	☐	☐	☐	☐	Tuesday	☐	☐	☐	☐
Wednesday	☐	☐	☐	☐	Wednesday	☐	☐	☐	☐
Thursday	☐	☐	☐	☐	Thursday	☐	☐	☐	☐
Friday	☐	☐	☐	☐	Friday	☐	☐	☐	☐
Saturday	☐	☐	☐	☐	Saturday	☐	☐	☐	☐
Sunday	☐	☐	☐	☐	Sunday	☐	☐	☐	☐

Note: Please enter approximate number of guests eating each meal in boxes above.

Estimated meal counts due to Conference Services 2 weeks in advance. Final meal counts due to CS 1 week in advance.

NOTES

Catering Services

Note: Options- continental breakfast, lunch (served or buffet), boxed lunch, break, reception, banquet (served or buffet), concessions, and picnic.

	Option	# People	Date	Start time	End time	Menu/Notes
# 1						
# 2						
# 3						
# 4						
# 5						

NOTES

For Office Use Only

Meal Cards Ordered: _____ *Initials:* _____

Meal Cards Picked Up: _____ *Initials:* _____

Activities & Program Development

Complete this page if requesting assistance with development

Do you want Conference Services to provide recreational activities for your group? **Yes** ☐ **No** ☐

If yes, please list activity details and date(s):

	Activity	Begin/End times	Possible date(s)	Location
# 1				
# 2				
# 3				
# 4				
# 5				
# 6				
# 7				

Do you want Conference Services to develop additional programs for your Group? **Yes** ☐ **No** ☐

If yes, list program, dates, etc. (e.g motivational speaker, Radford University tour, etc.):

	Program	Begin/End Time	Possible date(s)	Location
# 1				
# 2				
# 3				
# 4				
# 5				
# 6				
# 7				

Notes

For Office Use Only

Initials: _____

Speakers Reserved: _____ *Initials:* _____

Notes:

Marketing The Event

Complete this page if you need assistance marketing your Event

What is the target market/audience for this Event?

Audience Participation, please check one:

☐ **Registration is open to the general public** ☐ **Registration is by Invitation Only**

Do you have a website for this Event that you wish to link to the RU Conference Services website?

Yes ☐ **No** ☐ **If yes, please list the web address:** _____

Do you want Conference Services to organize your mailing list? **Yes** ☐ **No** ☐

If so, please list the types of mailing lists to be utilized:

Note: All promotional materials and mailing list must be submitted to the Conference Services Office for approval. Please submit mailing lists on computer disks in Microsoft Excel format.

How do you plan to advertise your Event?

Ads ☐ **Post cards** ☐ **E-mail lists** ☐ **Brochure and/or flyer** ☐ **Qty.** ☐

Other ☐ **Describe:**

Type of Publication	*Qty.*	*Mailing/Posting Deadline*	*Publishing Deadline (office use)*
1st postcard/flyer	_____	_____	**PC 1** _____
2nd postcard/flyer	_____	_____	**PC 2** _____
Brochure (self-mailer)	_____	_____	**Brch.** _____
Web Site	_____	_____	**Web** _____
Media Release	_____	_____	**MR** _____

Notes:

Facilities & Audio-Visual Equipment

Note: Please copy as needed and complete this page for each set-up requested.

Do you need Conference Services to reserve facilities for you? Yes ☐ No ☐

Session Title: _____

Session Begin: _____ am ☐ pm ☐ **Session End:** _____ am ☐ pm ☐

Location: _____

(Final location must be approved by Conference Services)

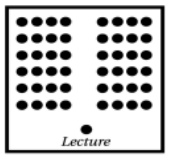
Speaker/Presenter's Name: _____

Set-Up Request

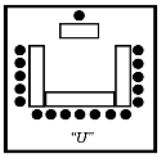
Indicate set-up preferences and add notes for set-up if necessary.

Note: Not all set-ups are available in all rooms.

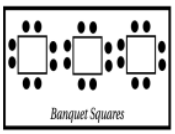
Lecture set-up ☐



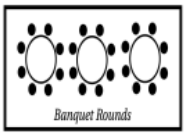
U-Shape set-up ☐



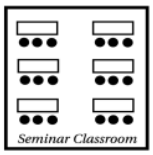
Banquet Squares ☐



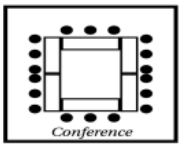
Banquet Rounds ☐



Seminar/Classroom ☐



Conference set-up ☐



Notes/diagrams

OTHER: ☐

A/V Technical Equipment

	# needed		# needed		# needed		# needed
Writing Board		Easel		Flip chart & stand		Lectern	
LCD Projector		Computer		Overhead Projector		Screen	
Slide Projector		VCR/Monitor		Exhibit/Display Tables		Other	

NOTES:

Do you need teleconference connections?: Yes ☐ No ☐

For Office Use Only

Facilities Reserved: *Date:* _____ *Initials:* _____ *Due Date:* _____

Equipment Reserved: *Date:* _____ *Initials:* _____ *Due Date:*

Service Request Form (SERF) - Signature Page

I understand that the completion of this form acts as a request for services only and is subject to approval by the Conference Services Office. I understand that all Events that include academic credit are subject to departmental and college approvals and must abide by all University policies and prcocedure. Finally, I understand that a contract will be issued to me detailing the services approved and agreed to between Radford University Conference Services and the Sponsoring Organization.

Signature of Sponsoring Organization Designated Representative	**Date**
Signature of RU Director of Conference Services	**Date**
Other Signature (if needed)	**Date**

Notes:

RETURN AGREEMENT TO:

RU Office of Conference Services, PO Box 6911, Radford, VA 24142
Phone: (540) 831-6037; Fax: (540) 831-6036; E-mail: conf-serv@radford.edu

Web: Conference Services website

Office Use Only

Service Agreement Sent: ***Date:*** _____ ***Initials:*** _____

Estimate Sent: ***Date:*** _____ ***Initials:*** _____

Notes: