

Elm Tree House Inquiry Form

*Please print and complete this form
and return it to the Conference Office in Brooks House.*

Name: _____ Date of inquiry: _____

Title: _____ Department: _____

Phone: _____ Fax: _____

Email: _____

Program description: _____

_____ Estimated number of participants: _____

Preferred date(s) and times: _____

Nature of program (check one):

- | | |
|---|---|
| <input type="checkbox"/> Academic program | <input type="checkbox"/> Alumni event |
| <input type="checkbox"/> Conference | <input type="checkbox"/> Presidential colloquium |
| <input type="checkbox"/> Seminar/retreat | <input type="checkbox"/> Professional development |
| <input type="checkbox"/> other _____ | |

Will you require overnight housing? yes no If yes, for how many? _____

Will you require College catering services? yes no
(NOTE: Only Williams Dining Services may be used to cater functions.)

What function space(s) would you like to use?
Please also indicate desired set-up — see Set-Up Chart for set-up types.

- | | |
|---|--------------|
| <input type="checkbox"/> Bergen Room | set-up _____ |
| <input type="checkbox"/> Dining Room | set-up _____ |
| <input type="checkbox"/> TV Room | set-up _____ |
| <input type="checkbox"/> Sun Porch (breakfast room) | set-up _____ |

Account number(s) to be charged:

_____ portion _____ %
_____ portion _____ %