

Request For Conference Housing
University of Arkansas at Little Rock
Office of Student Housing

Return completed form to:
 2801 South University Ave.
 Little Rock, AR 72204
 Phone (501) 661-1743
 Fax (501) 661-1757

General Information: Please print

Name of the Group _____

Contact Person and Agency _____

Address Street City ST Zip

Phone with Area Code Fax with Area Code E-mail

Conference Dates:	Date In	Date Out	Number of Participants	Age range if kids; "A" for adults	Number of Adult Sponsors
Group 1					
Group 2					
Group 3					
Group 4					

Other information regarding the group:

Will anyone in your group need wheelchair accessible room or other particular accomodation?

Room Requests:

Number of double occupancy (4 to a suite) suites requested? _____

Number of single occupancy (2 to a suite) suites requested? _____

Linens requested? Yes No

Telephone service requested? Yes No

Payment Arrangement (Select one)

Campus Group - will pay by Transfer of Funds

Non-campus Group - will pay by check

 Signature of person responsible for contract