2021 Fall Term Early Arrival
UD STUDENT
REQUEST FORM
(All guests must check out by 11am on August 25, 2021)
Any guest who has not checked out as of 11am will be accessed a $250 fee.

Date: ________________

Name:
E-Mail: __________________________
Telephone No:_________    Fax No:____________________
E-mail: __________________________

Arrival Date:
Departure Date:

*General Check in time is 2:00 p.m. and checkout time is 11:00 a.m.*

All Beds are $55.00 per night per person
2021 Early Arrival Request Form (cont.)

Service Needs:
- Limited: means that there are no linens (just furniture)
- Linen Package: means that you have contracted for a one time linen package, $25.00 per package

**Linen Package Includes:** Twin flat sheets, pillow with pillow case, towel, washcloth, paper bath mat, trial size shampoo and trial size soap

Limited ________________  Linen ________________

Special request? Please note in space below, I will get back with you as to whether or not we can accommodate your request.

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**Please note:**
You must pay for your early arrival stay with this application. Under no circumstance will you be refunded for your stay or any portion of your stay. Once you request housing, you are responsible to pay for the entire stay.

We will not refund you.

We have very limited space and if you reserve it, you are held responsible for it. Someone else may not have been accommodated because of your request.

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Conference and Event Services  
Summer Housing  
107A John M. Clayton Hall, Newark, DE  19716  
Inside US Fax 302-831-2998 or Call 302-831-2886  
Outside the US fax to 001-302-831-2998 or call 001-302-831-2886.
Conference Services
Credit Card Authorization Form

In order to meet your request for Credit Card Billing, please return this completed form to our office with application. Please do NOT email this form. Please fax back to us at 302-831-2998 (US) or 011-302-831-2998 (outside US) between 9am-5pm EST.

NAME: ___________________________ DATE: ______________
BILLING ADDRESS 1: ___________________________
BILLING ADDRESS 2: ___________________________
CITY: ___________________________ STATE: ___ ZIP: __________
CARDHOLDER NAME: ___________________________ CARD TYPE: ___________
CARD NUMBER: ___________________________ EXP: ___________
SECURITY CODE: ___________________________

ADDRESS AT WHICH YOU RECEIVE YOUR CREDIT CARD STATEMENT: if same, write SAA
STATEMENT ADDRESS 1: ___________________________
STATEMENT ADDRESS 2: ___________________________
CITY: ___________________________ STATE: _____ ZIP: ______

In case of a question or error in billing, it is your responsibility to contact the University of Delaware Conference Services to correct any problem. I hereby give my permission to the University of Delaware to charge the above listed card, and understand that the University of Delaware’s payment policy requires that all accounts be paid in full within thirty (30) days from the close of your function.

CARDHOLDER SIGNATURE: X ___________________________ DATE: ______________

UD CONFERENCE CENTER USE

JOHN M. CLAYTON HALL, NEWARK, DELAWARE, 19716 • PHONE 302.831.2214 • FAX 302.831.2998

Room Number ___________________________ Guest Name ___________________________