

2020 Fall Term Summer Housing Early Arrival REQUEST FORM

(All guests must check out by 10am on August 26, 2020)

Any guest who has not checked out as of 10am will be assessed a \$250 fee.

Please make sure that you have contacted

Residence Life and Housing for Fall Assignment Housing beginning August 26, 2020.

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 10:00 a.m.

All Beds are \$50.00 per night per person

2020 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, \$30.00 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.

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.

**Conference Services
Summer Housing
107A John M. Clayton Hall, Newark, DE 19716
or fax to 831-2998.**



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 between 9am-5pm EST.

NAME: _____ DATE: _____

BILLING ADDRESS 1: _____

BILLING ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP: _____

CARDHOLDER NAME: _____ CARD TYPE: _____

CARD NUMBER: _____ EXP: _____

(Three or four digit code appearing in the signature

SECURITY CODE: block on the back of the card, or embossed on the front.): _____

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: _____ DATE: _____

UD CONFERENCE CENTER USE

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

Room Number _____ Guest Name _____