

**UNIVERSITY OF DELAWARE  
CONFERENCE and EVENT SERVICES  
2020 INTERN HOUSING APPLICATION/REQUEST  
6/8/2020-8/14/2020**

NAME \_\_\_\_\_

Male                       Female

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

Phone \_\_\_\_\_

UD STUDENT ID # \_\_\_\_\_ Other STUDENT ID # \_\_\_\_\_

EMPLOYER \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_

SUPERVISOR'S TEL # \_\_\_\_\_

CHECK-IN DATE: \_\_\_\_\_ CHECK-OUT DATE: \_\_\_\_\_

**NO REFUNDS WILL BE GIVEN FOR CHECK-OUTS PRIOR TO THE DATE LISTED ABOVE.**

Housing space is limited. The earliest date available for check-in is June 8, 2020 after 2:00 PM. The latest date for check-out is August 14, 2020 by 11:00 AM. These dates and times are firm.

When paying in full with application the total cost from 6/8-8/14 is \$1768.00 (double suite=4 beds) and \$2176.00 (single suite=2 beds) and the total is **due with application/request**. No money will be refunded for partial stays, early move outs, etc...

Please note:

All interns will be placed with other interns or in a suite style room.

If you choose a single suite, you will be on one side and another intern will be on the other side.

If you choose a double suite, you will have you and another intern in one room and 2 interns in the other room.

**I agree to adhere to the terms, conditions and payment schedule as stated in this agreement. Please read and sign the terms of agreement and return with all of the information requested in the Intern Housing portion of the Conference Summer Housing tab.**

---

**Signature**

---

**Date**

Please return this application/request form along with your payment to the address listed below. If you are paying by credit card, please fill out credit card authorization form with your credit card information and fax to 302-831-2998..

Summer Housing Manager  
University of Delaware  
Conference and Event Services  
John M. Clayton Hall  
Newark, DE 19716  
Telephone: (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 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.): \_\_\_\_\_

**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 \_\_\_\_\_ BLDG: \_\_\_\_\_

Guest Name \_\_\_\_\_ Group Name: \_\_\_\_\_