

Summer Conference Registration Form

Name of Group:	Contact Person:	Contact Phone:
Contact Email:	Contact Fax:	Other Contact Information:
Address:	City/State:	Zip Code:
Date & Time Arriving:	Date & Time Departing:	Number of Individuals Attending:
Total Number Of Rooms Needed:	Total Single Rooms:	Total Double Rooms:
Hall Preference: <input type="checkbox"/> Swensen (Suite Style Layout) <input type="checkbox"/> Lidstrom (Suite Style Layout) <input type="checkbox"/> Mystic (Apartment Style Layout) <input type="checkbox"/> Werner (Traditional Floor Layout)		
*Please Note: When applying certain halls may already be reserved.		
Do you need us to provide linens?	<input type="checkbox"/> Yes <input type="checkbox"/> No	*Please Note: Linens include 2 sheets, 1 blanket, 1 pillow and 1 pillowcase. Towels are not provided.
Will you be utilizing Food Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes: Please contact the Food Service Manager at 701-224-5452

Please return this form to:

BSC Student & Residence Life Office
PO Box 5587
Bismarck, ND 58506
(701)-224-5553 (Fax)
or
Email to: leah.diehl@bismarckstate.edu

If you have questions, please email leah.diehl@bismarckstate.edu or call 701-224-5464.

Upon receiving this form, the Student & Residence Life Office will send out a Summer Housing Agreement Contract.

Applicant/Group Coordinator Signature: _____ Date: _____