



Please complete all pages and submit this form by faxing it to 778-782-5598 to request a proposal for your group booking. If you have any questions, please contact us by calling 778-782-4503 or emailing [confacom@sfu.ca](mailto:confacom@sfu.ca).

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Type of Organization: (i.e. school, sport, gov't) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_

Country: \_\_\_\_\_

Postal/Zip Code \_\_\_\_\_

Fax #: \_\_\_\_\_

Phone # 1: \_\_\_\_\_

Phone #2: \_\_\_\_\_

Email: \_\_\_\_\_

Event Meeting Name: \_\_\_\_\_

**DATES OF EVENT:**

Start (dd/mm/yy): \_\_\_\_\_ End (dd/mm/yy): \_\_\_\_\_ # of Nights: \_\_\_\_\_

Total # of People: \_\_\_\_\_ Event Participants: (i.e. youth, university business): \_\_\_\_\_

Brief Description of Event:



**OVERNIGHT ROOM REQUIREMENTS:**

Private Residence (Dormitory Style:   
 Townhouse:   
 The Simon Hotel:

# of singles rooms: \_\_\_\_\_ # of double rooms: \_\_\_\_\_ # of quads: \_\_\_\_\_

**FOOD/BEVERAGE FUNCTIONS**

Meal functions required, coffee breaks, attendance, times/days needed, etc.)		
Standard Breakfast:	<input type="checkbox"/>	# needed: _____
Standard Lunch:	<input type="checkbox"/>	# needed: _____
Bagged Lunch:	<input type="checkbox"/>	# needed: _____
Standard Diner:	<input type="checkbox"/>	# needed: _____
Special Functions:	<input type="checkbox"/>	# needed: _____

**GROUP HISTORY** (list previous facilities used and dates):

Signature: \_\_\_\_\_

Date: \_\_\_\_\_