

DAKOTA STATE UNIVERSITY CONFERENCE APPLICATION

General Information

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Campus Sponsor (If Applicable): _____

Is your organization Non-Profit? ___yes ___no

Conference Contacts:

Name: _____ Title: _____

Phone: _____ Fax: _____

E-mail: _____

Program Information

Program Name: _____

Program Dates: _____

Purpose of Program: _____

Type of Activities Planned: _____

Estimated Attendance:

Male: _____ Female: _____ Total Participants: _____

Please indicate the number of rooms in the following set-up (include both staff and participants). Rooms may not be available in the requested set-up, depending on availability.

Single Occupancy - Male _____ Single Occupancy - Female _____

Double Occupancy - Male _____ Double Occupancy - Female _____

Technical/Audio Requirements:

Will you need technical/audio equipment during your stay? _____ Yes _____ No

Will you need technical/audio support during your stay? _____ Yes _____ No

<i>Type of Equipment Requested</i>	<i>Location</i>	<i>Date</i>	<i>Time</i>

Insurance Requirements:

Dakota State University requires an Endorsement of Insurance to be submitted prior to the start the conference. Endorsement of Insurance shall state that the client is insured for the period of the conference, with the following minimum coverage.

- Bodily Injury - \$100,000 per person
- Property Damage - \$100,00 per accident
- General Liability - \$1,000,000

Damages:

Conference guests are responsible for all damages incurred to University property during their stay.

Lost Items:

Conference Groups are responsible for all replacement charges for lost keys, meal cards, linens. Replacement charges will appear on the final billing statement.

Promotional Materials:

The name, Dakota State University, will not be used without approval from the University. All advertising materials must be submitted to the Conference Office prior to distribution for approval.

Program Agenda:

To assure a well organized conference, please submit a tentative written agenda to the Conference Office as soon as one becomes available. A finalized copy of the agenda is required three prior to the start of the conference.

Signature

I understand that this is an Application for Use of University Property and not a legally binding agreement for these facilities.

Signature _____

Name _____

Title: _____

Date: _____

Return completed application to:

**Conference Services, 820 N. Washington Avenue, Madison, SD 57042
or donna.fawbush@dsu.edu**