

Westmont Conference Center

Conference Inquiry Form

Summer Season Dates

Please note: this form is for inquiries only. The dates and facilities requested are not confirmed until you have spoken with the Conferences Coordinator and signed a contract.

Conference Group Information

Name of Conference Group: _____

Group Description:

Please tell us about your group or organization. Include your groups' purpose, a mission statement, web address, or any information that will help us understand who you are.

Conference Description:

Please tell us about your programs purpose and the types of activities you are planning during your stay.

Event Information

*Please list below any date facility and lodging preferences you may have. Completing this information is simply an inquiry and will assist the Conference Coordinator in determining the availability of facilities and resources for your event. Confirmation of the use of Westmont facilities is not guaranteed until a signed contract is in place. The Conference Coordinator will contact you regarding your request to discuss details and availability prior to beginning the contract process. Facility and lodging information are available under the **Facilities** section of our Web site.*

Event Dates

Preferred Dates

Arrival Date: _____

Departure Date: _____

Are your dates flexible? Yes No

If yes, indicate alternative dates:

Arrival Date: _____

Departure Date: _____

Age of conference group participants (check all that apply):

- Elementary School
- Junior High School
- High School
- College
- Adult

Estimated Attendance:

Please provide us the estimated attendance (including staff) for your conference. You will be given opportunities throughout this process to make changes to these numbers, but be advised that the addition of attendees will be subject to space and lodging availability.

Overnight Attendees: _____

Day Visitors: _____

Lodging:

Please indicate your lodging preferences here. For more information on the accommodations available, please see the [Facilities](#) section.

Facility Requested:

Additional Services *(Please check all that apply):*

- Blankets and Pillows
- Linens
- Towels and Washcloth
- None
- Unsure

Facilities:

Please describe any meeting, classroom, breakout, athletic, or theatre space needed for your event. Some facilities may require additional fees.

Facility Type <small>(meeting, athletic, etc.)</small>	Special Needs <small>(A/V, set up, etc.)</small>	Date(s)	Time(s)	# of People

Please list any specific details you feel are pertinent to your facility needs that did not fit above.

Meals:

Dining and catering services are available seven days per week, three meals per day.

Dining Commons

Do you plan on using the Westmont Dining Commons for some or all of your meals on campus? Yes
 No

Catering

Do you plan on having any catered events during your conference? Yes
 No

If yes, please give a brief description of your anticipated needs below.

Contact Information

Group Coordinator/Primary Contact

Name: _____

Title: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

What is the most convenient way to contact you? _____

What is the best time to contact you? _____ Time ___ to Time ___

Group Coordinator/Secondary Contact

Name: _____

Title: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

What is the most convenient way to contact you? _____

What is the best time to contact you? _____ Time ___ to Time ___

How did you hear about the Westmont Conference Center? _____

Thank you for taking the time to provide us with the above information. The Conference Coordinator will be in touch shortly to discuss your event needs. If you have any questions, please contact us at (805) 565-6045.