

**TRINITY INTERNATIONAL UNIVERSITY CONFERENCE SERVICES**  
**Function Inquiry Form**

Date of Inquiry: \_\_\_\_\_ Taken by: \_\_\_\_\_ T.C./TEDS: \_\_\_\_\_

Name of Group: \_\_\_\_\_ Type of Event: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Business: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_

Group Information: \_\_\_\_\_

Registration Location: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

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

Dates/Times: Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_ Projected Attendance: \_\_\_\_\_

Planned Activities: \_\_\_\_\_

Rooms and Facilities Needed: \_\_\_\_\_

Campus Housing: Yes No Number: Male Female Linen Service: Yes No

Catering Service: Yes No Date/Time of 1<sup>st</sup> meal: \_\_\_\_\_ B L D Date/Time last meal: \_\_\_\_\_ B L D

Key Services: Individual Keys for Participants or Master Keys for Conference Leaders

Special Requests: \_\_\_\_\_

Equipment Requests: \_\_\_\_\_

Audio-Visual Data: \_\_\_\_\_