

# WA Campus Compact Faculty Institute & 2015 Annual Networking Meeting November 4-7, 2015

## CWU Conference Program Munson Hall Lodging Reservation #5628

CWU has lodging available to guests of the university through the Conference Program's guest buildings. Rooms are located in Munson Hall on University Way. Lodging is \$64/night for quad to single occupancy, with limited quint availability. Sales tax and parking are included in the nightly rate. All units are divided in to 2 semi-private rooms, and have 4 or 5 twin beds and a private bathroom. Bedding and towels, a small microwave and a mini fridge are included in all rooms. Sleeping rooms are located on the second and third floors, and there are no elevators in the building. Guest will be required to use stairs. The Conference Program has limited ADA accommodations. Please make your ADA requests 10 days in advance to ensure availability.

Reservations are required and must be pre-paid at the time of booking. Please complete this form and return it with payment to the Conference Program as early as possible to ensure availability. The Conference Program office hours are Monday-Friday 8am-5pm, closed on weekends. Check in is 3-5pm the day of arrival, and check out is at 11am on the day of departure. You may arrange with a friend to pick up your keys if you are unable to arrive before 5pm. Cancellation requires written notification 48hrs prior to arrival. Refunds will not be issued for unused lodging due to late arrival or early departure.

The Conference Program office can be reached at 509-963-1141 or (800) 752-4379 (toll free). You may submit forms to [confpro@cwu.edu](mailto:confpro@cwu.edu) or 509-963-1285 (fax). **If submitting your form via email please do not include credit card information. Credit card numbers may be submitted by fax, or by calling our office after your form has been submitted.**

CWU and the Conference Program are not required to provide supervision to any student or minor during their stay on campus. There are no staff or resident advisors stationed in guest buildings. Guests under 18 years of age are required to have parent(s) or guardian staying with them and must sign a supervision statement. Failure to complete and sign the supervision statement will result in rejection of your reservation request.

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### Munson Hall Lodging Reservation Form #101-5628

#### CWU Conference Program

400 E. University Way, Ellensburg, WA 98926-7592

Fax: 509-963-1285 | Phone 509-963-1141 | Toll Free 800-752-4379 | Email [ConfPro@cwu.edu](mailto:ConfPro@cwu.edu)

Name: \_\_\_\_\_ Reason for Visit: \_\_\_\_\_

Address: \_\_\_\_\_  
Mailing Address City State Zip Code

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

I need lodging from: \_\_\_\_\_ to \_\_\_\_\_ for  Single Occupancy Room **and, or**  Quad Occupancy Room  
Arrival Date Departure Date

Yes, I will pick up my keys before 5pm OR  No, I will have (Name) \_\_\_\_\_ (Cell #) \_\_\_\_\_ pick up my keys.

Yes, there will be adequate supervision. This supervision is not provided by CWU.

#### Supervision Statement:

I hereby acknowledge that I, as an individual and on behalf of my student and guests residing in the room that we have reserved on CWU campus agree to indemnify, defend and hold harmless the State of Washington, the University, its Board of Trustees, officers, agents and employees from any and all claims and losses accruing or resulting to any person, property, firm or corporation who may be injured or damaged during the durations of their lodging. I will be responsible to provide supervision to my student at all times. We will return all keys at check-out time to the Conference Program office. I understand there will be a lost key charge of \$35 per key if we fail to return any key and payment will be required when I check out.

\_\_\_\_\_  
Contact/Supervisor Signature

\_\_\_\_\_  
Date

We need \_\_\_\_\_ Munson rooms for \_\_\_\_\_ nights at \$64.00/night Total Due \$ \_\_\_\_\_

Pay by check #( )  Pay by credit card (provide card information below unless submitting by email)

Card Holder's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

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Visa/MC # \_\_\_\_\_ Exp. \_\_\_\_\_ CV2: \_\_\_\_\_

**CWU will destroy card info after processing. Please call 800-752-4379 to submit card info if using email to submit this form**

## Name & Rooming List

Room	Full Name, Cell # and Gender of Guest 1	Full Name, Call # and Gender Guest 2
1		
1		
2		
2		
3		
3		
4		
4		
5		
5		
6		
6		

**\*\*If more rooms are needed please fill out an additional form**

**\*\*\*Please indicate any ADA needs per guest**