



The Inn at Southeastern

Application Form

Departmental Information

Department/Division requesting facility: _____

Title of project: _____

A contact person who is either a member of the Southeastern faculty, administration or staff must be responsible for each guest and serve as the host by providing the guest with information pertinent to their visit and checking out and promptly returning keys to the Inn.

Contact person: _____
Last Name *First* *M.I.*

Address: _____
Location (Building, Room) *SLU Box #*

City *State* *ZIP Code*

Campus Phone: () _____ Home Phone: () _____

E-mail Address: _____

Housing dates requested: Check in _____ Check out _____
(3 night minimum)

Number of guests: _____ Number of bedrooms needed: _____

Guest Information

Full Name of Guest: _____
Last *First* *M.I.*

Permanent Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

List of dependents who will be residing in the house: _____

Please indicate any special accommodations needed: _____

Administrative

Budget Unit to be charged for room rate (if applicable): _____

Credit card information for damage deposit:

Type _____ Number _____ Expiration _____

NOTE: Unless a credit card number is provided your budget unit will be charged if damages occur.

Budget Unit Head signature: _____

Department Head signature: _____

Dean's signature: _____