

SEMINARY OF THE IMMACULATE CONCEPTION

440 West Neck Road • Huntington, New York 11743 Office of Hospitality

Tel: 631-423-0483, ext. 128 • Fax: 631-423-2346

GROUP INFORMATION REQUESTING AVAILABILITY

NAME OF GROUP:																								
NAME OF EVENT:																								
CONTACT PERSON:																								
TELEPHONE #:																								
EMAIL:																								
NUMBER OF GUESTS:																								
REQUESTED CHECK IN DATE/TIME																								
REQUESTED DEPARTURE DATE/TIME																								
MEALS REQUIRED (CIRCLE)	MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY			SUNDAY					
	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D
<p>Meal times are Breakfast: 8am, Lunch 12:30pm, Dinner 6:00pm. Meal times may be moved by 15minutes to 1/2 hour if the volume of guests visiting the seminary on a given day would make the standard meal times overcrowded. If you group needs to have a special meal time, please indicate your request for a special meal time here:</p>																								
Special Meal Time request:																								
<p>Our chef also provides for formal dinners with linens, cocktail hours, socials, ice-cream parties, coffee breaks with and without food, and other services available in either your meeting space or the dining room. These services are available at modest additional fees. Please indicate if you would like additional food services along with dates/times:</p>																								
Additional Food/Hospitality services:																								
Meeting Space needs:																								

Number of meeting spaces required, please indicate:	General Meeting Space	# Break out rooms _____	Other room (hospitality/Planner's room)	Alternative Dining Space	Confession Space other than Breakout Rooms	Gym	Outdoor space
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Meeting Space Requirements:

Room Setup	Theater Style	Conference Style	Board Room Style	Banquet Style			
Other items	Additional Tables	Projector/Smart TV	Dry Erase Easel	Flip Chart	Water/Ice		
	Registration Table	Podium	Portable Sound System	# Microphones	Extra Power Strip		
Chapel Request Days	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Chapel Time(s)							
Service Type(s)							

THE SEMINARY IS A NON SMOKING FACILITY
 NO FOOD OR BEVERAGES IN GUEST ROOMS
 THANK YOU FOR CHOOSING THE SEMINARY FOR YOUR EVENT!

Nature/Purpose of Event:

Names of those presenting/ministering throughout event (i.e., talks, sacramental assistance, etc.):

Brief Description of retreat/ conference aspects:

How did you hear about us?	Parish	Priest	Missionaries	Other Retreat House	Web Listing	Our Website	
	LI Catholic	DRVC	Friend	Attended other Retreat here	Advertisement	Other	

MAILING ADDRESS:

REPRESENTATIVE SIGNATURE	
PRINTED NAME	
TITLE IN ASSOCIATION WITH GROUP	

Once we have received your request, it will be processed for availability and approval.
Thank you for your patience.



OFFICE USE ONLY:
APPROVAL BY RECTOR'S OFFICE _____