



GUEST SUITE PROGRAM | RESERVATION REQUEST

GUEST DETAILS

Guest First Name: _____ Guest Last Name: _____

Guest Address: _____

City: _____ State: _____ Zip Code: _____

Guest Email Address: _____ Guest Cell Phone: _____

Additional Guest Names (no more than 2 guests): _____

Guest or Sponsoring University ID#: _____

Guest Affiliation: Administrator Staff Faculty Other: _____

Purpose of Stay: _____

RESERVATION DETAILS

Check-in Date: _____ Check-in Time: _____

Check-out Date: _____ Check-out Time: _____

Check-in is at 3:00pm and Check out is at 11:00am. Please indicate if check in is later than 5:00pm and if a late check-out is required.

Additional Services (fees may apply):

Parking Yes No Housekeeping Services Yes No Pet accompanying guest Yes No

How are accommodations being paid for?

Guest (check only) University Transfer Other: _____

SFSU Division/College Name Chart-field: _____

Chart-field Fund Name: _____

Department Name/ID: _____

CAMPUS HOST & CONTACT

Hosting Department/College: _____

Campus Contact Name: _____

Campus Contact Office (Location/Rm #): _____

Campus Contact Office Extension: _____ Fax Number: _____

FOR CONFERENCE SERVICES USE ONLY

Building/Unit: _____ Calendar Entry: _____

CP Data: _____ Confirmation: _____

Fiscal: _____