



## SUMMER CONFERENCE | SCREENING FORM

This screening form is required for all non-affiliated University entities and sponsored organizations of SF State University.

### CONTACT & ORGANIZATION INFORMATION

Organization Name: \_\_\_\_\_

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

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

Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### CONFERENCE ACCOUNTS (minimum 3 event/conference references)

Conference Dates: \_\_\_\_\_ University or Site Location: \_\_\_\_\_

University or Site Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_ Final Guest Attendance: \_\_\_\_\_

Account Balance: \_\_\_\_\_ Invoice Date: \_\_\_\_\_ Date Balance Paid: \_\_\_\_\_

Conference Dates: \_\_\_\_\_ University or Site Location: \_\_\_\_\_

University or Site Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_ Final Guest Attendance: \_\_\_\_\_

Account Balance: \_\_\_\_\_ Invoice Date: \_\_\_\_\_ Date Balance Paid: \_\_\_\_\_

Conference Dates: \_\_\_\_\_ University or Site Location: \_\_\_\_\_

University or Site Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_ Final Guest Attendance: \_\_\_\_\_

Account Balance: \_\_\_\_\_ Invoice Date: \_\_\_\_\_ Date Balance Paid: \_\_\_\_\_