



**NEW ENGLAND ASSOCIATION
FOR COLLEGE ADMISSION COUNSELING**
PO Box 418, Kittery, ME 03904
P: 603.367.3292 • F: 603.947.6400
admin@neacac.org

PROPOSAL TO HOST THE 2013 ANNUAL MEETING & CONFERENCE

The New England Association for College Admission Counseling (NEACAC)'s Annual Meeting & Conference is traditionally held Wednesday through Friday in late May or early June with attendance between 450-700 participants. A pre-conference workshop is also offered on Tuesday with approximately 150 additional attendees who may need on-campus housing.

The Association invites member institutions to host this important professional development program and requests that this form be completed and returned to the Executive Administrator.

(Institution) _____ proposes to provide the following facilities and services to the New England Association for College Admission Counseling from **May 29-31, 2013** or **June 5-7, 2013** or **June 12-14, 2013**. While all three date options will be considered the June dates will be given first consideration. We understand that if the NEACAC Executive Board accepts this proposal, it will serve as a contractual agreement between (Institution) _____ and NEACAC.

I. HOUSING AND DINING

A. Accommodations

	<u># Available</u>	<u>\$ Per Person</u>	
• Double occupancy rooms*	_____	_____	x 2 Nights = \$ _____
• Single occupancy rooms*	_____	_____	x 2 Nights = \$ _____
*Up to 100-150 people arrive the day before and will require a third night at the rates quoted above			
• Toiletries (if not included)			= \$ _____
• Room keys (fee or charge for loss)			= \$ _____
• Linens (towels, pillows, blankets, etc., if not included)			= \$ _____
• Maid service			= \$ _____
• Other charges (explain) _____			= \$ _____
• Air Conditioned? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Total Housing Capacity _____			

Per Person Housing Subtotal = \$ _____

B. Dining Facilities

- Dining facilities seating 700? Yes No Air Conditioned? Yes No
- Additional dining/entertainment facilities, i.e. snack bar, coffee house, campus pub, etc.

C. Dining Services

	<u>\$ Per Person</u>
• Breakfast (cafeteria style; Wed/Thurs/Fri.)	\$ _____ x 3 Meals = \$ _____
• Lunch (cafeteria style; Wed/Thurs)	\$ _____ x 2 Meals = \$ _____
• Dinner (cafeteria style; Wed./Thurs)	\$ _____ x 2 Meals = \$ _____
• Social Hours (snacks, etc. Wed./Thurs)	\$ _____ x 2 setups = \$ _____
• Dessert Reception	\$ _____ x 1 set up = \$ _____
• Refreshment Breaks (hot/cold beverages, snacks)	\$ _____ x 4 Breaks = \$ _____

Per Person Food Subtotal = \$ _____

If there is a range of meal costs, please explain:

Please describe your institutional policy for serving alcoholic beverages (beer/wine):

TOTAL Per Person for Housing and Food = \$ _____

II. PHYSICAL FACILITIES (Classroom, Meeting, and Recreational)

- Number of class/meeting rooms seating 20-50 _____ Air Conditioned? Yes No
 - Number of class/meeting rooms seating 50-100 _____ Air Conditioned? Yes No
 - Number of class/meeting rooms seating 100+ _____ Air Conditioned? Yes No
 - Auditorium/Theatre (indicate seating capacity) _____ Air Conditioned? Yes No
 - Recreational Facilities: The following are available to NEACAC on or near the campus:
 - Swimming Pool (indoor outdoor)
 - Tennis Courts (# indoor _____ # outdoor _____)
 - Basketball Courts (# indoor _____ # outdoor _____)
 - Golf Course (distance from campus _____)
 - Track (indoor outdoor)
 - Volleyball Courts # _____
 - Aerobics/Dance Studio
 - Weight Room/Fitness Center
- If there are labor costs, room set-up charges, or usage fees, please explain:

Subtotal for Physical Facilities = \$ _____

III. AUDIO-VIDEO AND COMPUTER EQUIPMENT

The cost of standard audio/visual equipment has traditionally been gratis, since we anticipate a small need for sundry and various equipment. Please indicate if there is a fee and/or labor charges assessed for the following equipment:

	<u>\$ Per Day / Use</u>	<u>Comments</u>
• VCRs / TV Monitors	\$ _____	_____
• Overhead Projectors	\$ _____	_____
• Microphones/PAs	\$ _____	_____
• Photocopying	\$ _____	_____
• Computer Access	\$ _____	_____
• Computer Projectors	\$ _____	_____
• Printing from Computers	\$ _____	_____

Please describe any other service fees or equipment charges than indicated above:

Subtotal for Equipment Charges = \$ _____

NEACAC sets the registration fee on the basis of your charges and costs. If there are any miscellaneous expenses not covered above, please list and describe them below:

Subtotal for Miscellaneous Costs = \$ _____

TOTAL for Physical Facilities, Equipment, and Miscellaneous Costs = \$ _____

IV. EXPLANATION OF IN-KIND DONATION

In recognition of the institutional benefit received from hosting the Annual Meeting and Conference, the host site is expected to provide an in-kind donation of services and/or the use of facilities of no less than \$10,000.

Signature _____ Date: _____

Name _____ Title _____

Telephone (_____) _____ Fax (_____) _____

Email _____ (Please enclose a campus map with this proposal.)

Return on or before October 15, 2010 to NEACAC c/o Lynne O'Shaughnessy, PO Box 418, Kittery, ME 03904.