



**NEW ENGLAND ASSOCIATION
FOR COLLEGE ADMISSION COUNSELING**

PO Box 418, Kittery, ME 03904
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**PROPOSAL TO HOST THE
2011 ADVANCED SECONDARY SCHOOL COUNSELORS SUMMER INSTITUTE
ASSCSI**

The New England Association for College Admission Counseling (NEACAC)'s Advanced Secondary School Counselors' Summer Institute traditionally takes place the 2nd or 3rd week in July. Six to ten faculty mentors and two co-chairs will establish the curriculum and schedule for ASSCSI. The host institution's designated on-site coordinator will be invited to be a member of the institute's faculty. Participation in ASSCSI is limited to forty secondary school counselors. NEACAC invites member institutions to consider hosting this professional development program and requests that this form be completed and returned to NEACAC's Executive Administrator by June 15, 2010.

(Institution) _____ proposes to provide the following facilities and services to the New England Association for College Admission Counseling from July 12-14, 2011 or July 19-21, 2011 – Tuesday through Thursday. We understand that if the NEACAC Governing Board accepts this proposal, it will serve as a contractual agreement between (Institution) _____ and NEACAC.

I. HOUSING AND DINING

A. Accommodations

	<u>\$ Per Person</u>	
• Single occupancy for participants (50 rooms)	\$ _____ x 2Nights	= \$ _____
• 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		

Per Person Housing Subtotal = \$ _____

B. Dining Facilities

- Dining facilities seating 60? Yes No Air Conditioned? Yes No
- Outdoor facility for barbecue/cook-out? 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)	\$ _____ x 2 Meals =	\$ _____
• Lunch (cafeteria style; Tues/Wed/Thurs)	\$ _____ x 3 Meals =	\$ _____
• Dinner (cafeteria style; Tues/Wed)	\$ _____ x 2 Meals =	\$ _____
• Optional "upscale" Dinner (cook-out/BBQ style)	\$ _____ x 1 Meal =	\$ _____
• 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 10-50 _____ Air Conditioned? Yes No
- Number of assembly rooms seating 100 _____ Air Conditioned? Yes No
- Number of lounges/public areas seating 40-50 _____ 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) Track (indoor outdoor)
 - Tennis Courts (# indoor _____ # outdoor _____) Volleyball Courts # _____
 - Basketball Courts (# indoor _____ # outdoor _____) Aerobics/Dance Studio
 - Golf Course (distance from campus _____) 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 = \$ _____

Signature _____ Date: _____

Name _____ Title _____

Telephone (_____) _____ Fax (_____) _____

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

Return by **June 15, 2010** to:
 Lynne O'Shaughnessy, Executive Administrator, NEACAC
 PO Box 418, Kittery, ME 03904
 Fax: (603) 947-6400