



Online Event Registration Site

Multiple Event Request Form

NORTHWESTERN
UNIVERSITY

Please complete the following to request an online event registration site:

Dept. Name:		Dept. Phone #:		Date of Application:	
Dept. Building / Street:		Dept. City:		IL	ZIP Code:
Business Contact:		E-mail Address:			
Technical Contact:		E-mail Address:			

Send statements to, if different than above:

Billing Name:		Billing Phone #:		Billing Fax #:	
Billing Street:		Billing City:		IL	ZIP Code:
		Mail Code:			

Additional services requested:

Event Building	Performed upon request by Certain or their affiliate and charged by the hour; Notify us of the need to receive a quote from Certain by placing an 'x' here:
Individual Training	Onsite training offered by Certain charged by the hour plus any travel expenses or webinar based training charged based on number of participants; Notify us of the need to receive a quote from Certain by placing an 'x' here:
Chart string to charge for additional services: Fund – DeptID –Project – Activity – Account (Usually 78680)	

List all events, attach additional pages as needed.

Event Name	Event Dates	Registration Start Date	Registration End Date	Estimated Attendance	Estimated Revenue	CUFS Account to Charge fund-area-org-object (usually 8680)	CUFS Account to Credit (fund-area-org-revenue)

The following are terms and conditions which must be agreed to in order to participate in the event registration online program:

Department agrees that it will not store any credit card numbers electronically. Department further agrees that if credit card numbers are received through any means, they must be securely stored until processed through a PCI-DSS compliant workstation or through a standalone credit card terminal. By signing this form you agree that you have read the NU Event Registration Online documentation and will abide by the requirements for participation in the program.

Requested by:
Printed Name _____

Title _____

Signature _____

Date _____

Financial Director or
Dean Approval:
Printed Name _____

Title _____

Signature _____

Date _____