

Online Event Registration Site

Single Event Request Form

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

Event	Date of					
Name:		Application:				
Date registration	Date registration	Dates of event				
Opens:	closes:	(if different):				
Estimated		Estimated				
Attendance		Revenue				
Dept.		Dept.		Dept.		
Name		Phone #		Fax #		
Dept. Building /		Dept.		ZIP	Mail	
Street		City	, IL	Code	Code	
Business		E-mail	·	•	•	
Contact		Address				
Technical		E-mail				
Contact		Address				
Send statements to, if different	than above:	10.0				
Billing		Billing		Billing		
Name:		Phone #		Fax #		
Billing		Billing		ZIP	Mail	
Street		City	, IL	Code	Code	
Chart string to charge for setup	and transaction fees:	Oity	j, iL	Ouc	Oodc	
Fund – DeptID –Project – Activ						
(Usually 78680)	ity – Account					
Chart string to credit for payme	nte:					
Fund – DeptID –Project – Activ						
l und – Deptib – Froject – Activ	ity – Account					
Additional services requested:	Porformed upon reque	oct by Cortain or the	vir offiliato a	nd charged h	v the hour: Notify us of	
Additional services requested: Performed upon request by Certain or their affiliate and cha Event Building the need to receive a quote from Certain by placing an 'x' h					y the flour, Nothly us of	
Everit Building					wol avnanaga ar	
		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				
Individual Training	_	receive a quote from Certain by placing an 'x' here:				
Individual Training	receive a quote from C	bertain by placing ai	n x nere.			
The following are terms and co	nditions which must be agre	eed to in order to pa	articipate in	the event reg	istration online program	
Department agrees that it will	not store any credit card	numbers electron	ically. Dei	partment furt	her agrees that if cred	
card numbers are received						
compliant workstation or throu			,		3	
By signing this form you agree	e that you have read the N		ion Online	documentation	on and will abide by the	
requirements for participation	in the program.					
		Financial Director	r or			
Requested by:		Dean Approval:				
Printed Name		Printed Name				
						
Title		_ Title				
Signature		_ Signature				
Date		_ Date				