



TEXAS TECH UNIVERSITY
Office of the Provost

eLearning & Academic Partnerships™

Event Registration Services

Type of Event: ☒ Camp ☒ Continuing Education Credit ☒ Conference ☒ Workshop ☒ Meal
 ☒ Training ☒ Orientation ☒ Lecture ☒ Recruitment ☒ Campus Tour ☒ Other

Event Title: _____

Event Description: _____

Location of Event: _____

Mailing Address: _____

Beginning Date: _____ **Ending Date:** _____

Beginning Time: _____ **Ending Time:** _____

Primary Contact: _____ **Email:** _____

Max. # of Attendees: _____ **Registration Fee(s):** _____

Registration Open Date: _____ **End Date:** _____

Event Contact: _____ **Email:** _____

Types of Survey Questions: _____

Additional Information: _____

Refund Policy: _____

Yes

No

Would you like to receive registration/payment notification emails?

☒

Does your Department have a Merchant ID?

☒

Do you want your website listed on the registration page?

☒

If Yes, what is the URL? _____ **Please include a logo with the attached document.**

RETURN COMPLETED FORM BY MAIL OR EMAIL

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Texas Tech University

Email: Clay.Taylor@ttu.edu

Mail Stop 5095