



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.**

Do we have permission to post the event on our social media and website?

Office of the Provost Contact: Bonnie Cordell, Director of Microcredentials TTU Online Mail Stop 5095

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