



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.**

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

RETURN COMPLETED FORM BY MAIL OR EMAIL

TO: Clay Taylor

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Email: Clay.Taylor@ttu.edu