Online Registration Application

Contact Kevin Dunajski (kevin.dunajski@wright.edu) as soon as possible to get your project on the calendar.

**Procedure:** Kevin will build on a test server the UStore with the following information. He will send the test site to the departmental personnel for review. After test site is approved by department, it must be sent to CaTs for review. After approval, the site will be rebuilt on the server and live.

**Event name:** Click here to enter text.

**Event location:** Click here to enter text.

**Event date:** Click here to enter text.

**Event website:** http:// www.samplewebsite.com

**Event contact:** Name, phone, email.

**Department responsible:** Click here to enter text.

**Personnel that should have access to registration reports:** Click here to enter text.

**University FOAP for registration funds:** Click here to enter text.

**Event description(500 characters MAX):** Click here to enter text.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Fee Structure** | Physician Fee | Nurse Fee | Student Fee | Resident Fee | Other |
| Early Bird Pricing | $0.00 | $0.00 | $0.00 | $0.00 | $0.00. |
| Weekday Date to change to regular pricing | Enter Date |
| Regular Pricing | $0.00 | $0.00. | $0.00 | $0.00 | $0.00 |
| Registration Deadline | Enter Date |
| Describe “Other” | Describe other. |

**Refund policy:** i.e. no refunds, no refunds after a certain date, transferable registration

**Maximum number of registrations allowed:** ex: 170

**Participant Fields Collected**:

[ ] First Name

[ ]  Last Name

[ ]  Email Address

[ ]  Street Address , City, State, Zip

[ ]  Practice Name

[ ]  Preferred Phone

[ ]  Profession: Options.

**Additional Fields Required:** Click here to enter text.

You must submit an appropriate logo