



External Relations

Certain Registration Information Form

General Information

Program/Conference Name _____

Coordinator Contact Information * This person will be granted access to the Certain site for accessing the program's information.

Name _____

Phone Number _____ Email _____

Conference Dates _____ Brochure Mailing Date _____

Online Registration Live Date _____

Do you have an existing website? No Yes Website Address: _____

Registration Information

Anticipated Pre-Registration #'s _____

Registration Fee Codes: Please check all that apply and write in any extra that you would like

	Subcode	Description	Fee
<input type="checkbox"/>	REG	Regular Conference Registration	_____
<input type="checkbox"/>	SPEK	Speaker Registration	_____
<input type="checkbox"/>	COMP	Complimentary Registration (internal use only)	_____
<input type="checkbox"/>	GUES	Guest Registration	_____
<input type="checkbox"/>	SPOU	Spouse Registration	_____
<input type="checkbox"/>	EARLY	Early Bird Discount Date Expires _____	_____
<input type="checkbox"/>	LATE	Late Registration Date Assumes _____	_____
<input type="checkbox"/>	REFD	Refund Fee (if there is a processing fee held for refunds)	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

Additional Information about Registration

Please indicate if you have a different fee structure based on age or affiliation to the organization. For example: (Ages 10-14 \$5 Ages 14 and up \$10)

Program or Session Breakouts

Do you have programs or session breakouts that Registrants need to sign up for in advance?

Yes No

	Session #	Description	Date/Time	Additional Fee
<input type="checkbox"/>	1	_____	_____	_____
<input type="checkbox"/>	2	_____	_____	_____
<input type="checkbox"/>	3	_____	_____	_____
<input type="checkbox"/>	4	_____	_____	_____
<input type="checkbox"/>	5	_____	_____	_____

Refund Information: Please write the refund policy out and give the dates. We want this to be very clear to all people registering.

Last Date of Refund: _____

Standard Emailed Confirmations

Certain creates a standard confirmation, however if you need to have additional information about hotel accommodations or travel, please indicate here:

Color Preference/ Logos and Images

If you do not have a color preference, colors that compliment your industry and website will be used. If there are any images or files that need to be on the site, please email those with this form. Logos for

your organization and Ohio State can be used at the discretion of your department. Format for photos and graphics should be jpeg with a maximum size of 850x200 pixels with maximum resolution.

Fees

To what Chartfield would you like your registration fees to be deposited?

***ORG** _____ ***Fund** _____ ***Account** _____

Program _____ **Project** _____ **User Defined** _____

Fiscal Contact information

Name: _____ **Email:** _____

Additional Information

The above form should capture the most important information, however every event is different. Please take a moment to think if there is anything additional that as a designer I should know about your event.

The Registration Coordinator will call you to set up a time to go over the initial form and train you on how to use the registration site once completed.

Please send this completed form to:

Julia McCafferty

Registration Coordinator

614-688-3076/614-292-0492 (fax)

jmccaffe@ced.osu.edu