

Registration Questionnaire



Conference Services

EXTENSION WORKSHOPS, TRAININGS, MEETINGS, CONFERENCES

**** Please type. All information must be finalized & form complete before submitting. Incomplete information will delay the processing of your request. ALL FIELDS IN RED MUST BE FILLED OUT ****

Date Submitted _____

Event Name _____

Date(s) _____ **Time** _____

Event Location/Bldg. Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

A Google Map will be linked to the above address.

Extension Workshop Account Number _____

*Indicate base & support account number. If no registration fee is charged, this account number will be used to charge Administrative & Conference Services' fees. **DO NOT LEAVE BLANK.** If you are unsure of the account number, please consult your office/department manager **BEFORE** submitting this questionnaire.*

Registration Fees

If Extension employees will register, please note that registration fee so that PCR is not calculated.

Early

\$ _____ effective _____ through _____

Regular

\$ _____ effective _____ through _____

Late

\$ _____ effective _____ through _____

Other

\$ _____

Onsite

\$ _____

Sponsorship

\$ _____ Level Name _____ Includes _____
\$ _____ Level Name _____ Includes _____
\$ _____ Level Name _____ Includes _____
\$ _____ Level Name _____ Includes _____

Any Amount Accepted

Need a Receipt Book/Money Bag Yes No
(DO NOT DEPOSIT FUNDS YOURSELF)

International Registrants Attending? Yes No

Date Registration Begins **Date & Time Registration Ends** Maximum # of Registrants
MINIMUM OF 7 BUSINESS DAYS' NOTICE IS REQUIRED.

_____ _____ _____
Waiting List *Yes* *No*

Event Description

This text will be published on your registration site. Please check for typos and punctuation as this will be copy and pasted online.

Questions

List any questions you would like to ask the registrant. These questions can assist you with tracking purposes such as meal counts, event materials, etc.

Event Materials

Indicate information (agenda, hotel information, etc.) you wish to post online. This information must be in PDF format (not a Word document). One logo can be displayed online which should be in JPG format.

Event/Dept. Website _____

Cancellation & Refund Policy

Refunds are processed by Conference Services directly to the individual or entity. If Conference Services collects a registration fee, Conference Services will retain all applicable fees. Please keep this in mind as you determine a policy.

Roster Access

Individuals will receive instructions to access online registration roster.

Name _____	Email _____
Name _____	Email _____
Name _____	Email _____
Name _____	Email _____
Name _____	Email _____
Name _____	Email _____

Extension Administrative Fees

- Fee Based Programs
10% of registration fee or \$10 per registrant, whichever is higher. Amount will be calculated & submitted to Extension Administration on your behalf.
- 5% Administrative Fee
Assessed on sponsorships/donations, exhibitor/vendor & Extension employee registration fees.
- 2.5% Credit Card Fee
Assessed when payment is made by Visa, MasterCard or Discover

Conference Services Fees

- Setup Fee - \$25
- Process phone, fax, email or mail registrations - \$1 per registrant
- First Class Postage
When no email address or fax number is provided, the registration confirmation and receipt will be mailed to the registrant.
- Mileage
\$.40 per mile when Conference Services' vehicle is used to perform services on your behalf.

Optional Services Available

Clip On Name Tags - \$1.50 each

Text & logo to be on name tag _____

Name Tag Ribbons - \$1.50 each

Text & Ribbon Color _____

Name Tents - \$1 each

Onsite staffing - \$15 per hour *Staffing for out of town events will incur expenses & travel time.*

Registration & Event Coordination - \$10 per person

Event Coordination & Logistics Needed

Additional Information

Primary Contact Information

This person will be listed online as the event contact.

Name _____ Title _____

Extension Level

County _____ District _____

Department _____

Email _____

Primary Phone Number _____

List phone number online? Yes No

Supervisor _____ Title _____

Office/Business Manager _____

Those authorized to add or make changes in addition to primary contact.

Name _____ Email _____

Name _____ Email _____

***Return completed form (not a pdf scan) to
Texas A&M AgriLife Extension Conference Services
valerie.lehmann@ag.tamu.edu***