Student Information
First name
Last name
Z-ID
NIU student email
Preferred email
Phone number
Year in school
College
Major
Minor

Faculty/Staff/Supervisor Information
First name
Last name
Email
College (if applicable)
Academic department (if applicable)
I worked with more than one faculty/staff/supervisor. YES/NO

Additional Faculty/Staff/Supervisor Information (if applicable)
1st additional person’s first name
1st additional person’s last name
1st additional person’s NIU email
2nd additional person’s first name
2nd additional person’s last name
2nd additional person’s NIU email

Co-Presenter Information
My presentation has co-presenters. (Co-presenters will attend CES to present your team project.) YES/NO
If yes, you may list up to 7 co-presenters:
1) First name of 1st additional presenter
   Last name of 1st additional presenter
   zID of 1st additional presenter
2) First name of 2nd additional presenter
   Last name of 2nd additional presenter
   zID of 2nd additional presenter
3) First name of 3rd additional presenter
   Last name of 3rd additional presenter
   zID of 3rd additional presenter
4) First name of 4th additional presenter
   Last name of 4th additional presenter
   zID of 4th additional presenter
5) First name of 5th additional presenter
   Last name of 5th additional presenter
   zID of 5th additional presenter
CES Registration Questions (Preview)

6) First name of 6th additional presenter
   Last name of 6th additional presenter
   zID of 6th additional presenter

7) First name of 7th additional presenter
   Last name of 7th additional presenter
   zID of 7th additional presenter

Co-Author Information

My presentation has co-authors. (These individuals may or may not be presenting with you.)

YES/NO

If yes, you may list up to 7 co-authors.

1) First name of 1st additional author
   Last name of 1st additional author
   zID of 1st additional author

2) First name of 2nd additional author
   Last name of 2nd additional author
   zID of 2nd additional author

3) First name of 3rd additional author
   Last name of 3rd additional author
   zID of 3rd additional author

4) First name of 4th additional author
   Last name of 4th additional author
   zID of 4th additional author

5) First name of 5th additional author
   Last name of 5th additional author
   zID of 5th additional author

6) First name of 6th additional author
   Last name of 6th additional author
   zID of 6th additional author

7) First name of 7th additional author
   Last name of 7th additional author
   zID of 7th additional author

Project Information

Title of presentation

Project Description (In 250 words or less, please describe your project. Please note that the
information you provide will be listed in the program exactly as it is submitted.)

Which NIU program, campus unit, department, or student group are you representing?

Is this project tied to a service-learning course? YES/NO

   Course Prefix (if applicable)
   Course Number (if applicable)

Name of the campus of community organization that you collaborated with

Brief description of the campus or community organization (250 words or less)
Campus or Community Organization Information
   Contact’s First Name
   Contact’s Last Name
   Contact’s Title
   Phone Number
   Email
   Street Address
   City, State, Zip

End of Registration