CES Registration Questions (Preview)

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
   NIU student email of 1st additional presenter
   Preferred email of 1st additional presenter
   Phone number of 1st additional presenter

2) First name of 2nd additional presenter
   Last name of 2nd additional presenter
   zID of 2nd additional presenter
   NIU student email of 2nd additional presenter
   Preferred email of 2nd additional presenter
   Phone number of 2nd additional presenter

3) First name of 3rd additional presenter
   Last name of 3rd 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

6) First name of 6th additional author
   Last name of 6th additional author
   zID of 6th additional author
   NIU student email of 6th additional author
   Preferred email of 6th additional author
   Phone number of 6th additional author
7) First name of 7th additional author
   Last name of 7th additional author
   zID of 7th additional presenter
   NIU student email of 7th additional presenter
   Preferred email of 7th additional presenter
   Phone number of 7th additional presenter
CES Registration Questions (Preview)

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

Did you complete your project as a requirement of a specific program?
  Huskie Service Scholars, NIU Service Leaders, or Other
Are you interested in a CES Orientation? (Yes or No)
If yes, you may list times that you are available during the week.
  Monday (Morning, Afternoon, Evening)
  Tuesday (Morning, Afternoon, Evening)
  Wednesday (Morning, Afternoon, Evening)
  Thursday (Morning, Afternoon, Evening)
  Friday (Morning, Afternoon, Evening)

End of Registration