

NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY

Online Username & Password Request Form

ALL requests for space <u>MUST</u> be submitted online through the Events Calendar website, via username & password. Once this form is submitted and approved, the information detailed herein will be used to generate online scheduling usernames/passwords. Only the contacts included on this form will receive a username/password (including the advisor). Student Organizations submitting this form must be registered through the Office of Student Activities. Usernames/passwords will be distributed to contacts/advisors via the email address provided. Please write legibly.

Organization/Department:	<u></u>	(<u>NO</u> abbreviations)
Username/Password should be NO MC contact person must have a different u	ORE THAN eight (8) characters in length and MUST inclusername and password.	de at least one number. Each
Contact #1 (Department contact	acts should use campus address and telephone	number <u>)</u>
Name:	Position:	
Address:	City, State, Zip:	
Office/Cell telephone #:	Email Address:	
Desired Username:	Desired Password:	
Contact #2 (Department conta	acts should use campus address and telephone	number)
Name:	Position:	
	City, State, Zip:	
Office/Cell telephone #:	Email Address:	····
Desired Username:	Desired Password:	
·	ontact Information (Student Organizations O	<u>Only)</u>
	Position:	
	Email Address:	
Work Phone:	Alternate Telephone #:	
Desired Username:	Desired Password:	
<u>C</u>	d understand all University Event Center policy and the University Event Center. I understand that I am si	<u> </u>
Contact Name	Signature	 Date
Advisor Name (Please Print)	Advisor Signature	Date
For University Event Center use onl	ly: Completed by:	Date: