



MARKETPLACE uSTORE REQUEST

REQUESTER / STORE CONTACT INFORMATION

Today's Date		
	Primary Store Owner	Secondary, if applicable
Name (First, MNI, Last)		
Telephone Number		
Email Address		
Division and Department		
Division and College		

REPORTING ACCESS

	Primary Report Person	Secondary Report Person
J-Number		
Name (First, MNI, Last)		
Email Address		

SETUP INFORMATION (Include photographs only if individual(s) signed a participatory photo release form or you have written permission to use photos for marketing purposes)

Store Name (≤35 chars)	
Type of Event	
Event Title	
Event Description	
Venue (include address)	
Refund Policy ≤ 60 characters	
Capacity & Reached Message	
Event Fee	
Registration Fee, if any	
Event Start Date	
Event End Date	
Requested Go-Live Date	

COMPLETE THIS SECTION IF YOUR EVENT IS A SUMMER CAMP OR PROGRAM

Grade Range		Age Range	
Is this event open to everyone? If not, explain	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:	
Select Camp or Program Category	<input type="checkbox"/> STEM Programs K-12	<input type="checkbox"/> Sports-Specific Camp	
	<input type="checkbox"/> Academics/Arts Activities	<input type="checkbox"/> Prof. Dev. Camp for Teachers	

INFORMATION COLLECTION FOR ALL EVENTS: Choose information needed and required or optional

<input type="checkbox"/> Participant's Name (last, first, middle name or initial)	<input type="checkbox"/> Required	<input type="checkbox"/> Optional
<input type="checkbox"/> Other, list below and check required or optional	<input type="checkbox"/> Required	<input type="checkbox"/> Optional
<input type="checkbox"/> Parent/Guardian's Name, if applicable (last, first, m)	<input type="checkbox"/> Required	<input type="checkbox"/> Optional
<input type="checkbox"/> Other, list below and check required or optional	<input type="checkbox"/> Required	<input type="checkbox"/> Optional
<input type="checkbox"/> Participant's Address (street, city, state, zip code)	<input type="checkbox"/> Required	<input type="checkbox"/> Optional
<input type="checkbox"/> Other, list below and check required or optional	<input type="checkbox"/> Required	<input type="checkbox"/> Optional
<input type="checkbox"/> Emergency Contact (telephone and email address)	<input type="checkbox"/> Required	<input type="checkbox"/> Optional
<input type="checkbox"/> Other, list below and check required or optional	<input type="checkbox"/> Required	<input type="checkbox"/> Optional

REQUESTER'S BANNER ACCOUNT FOR DEPOSITS

	Fund	Organization	Account	Program	Detail Code
Requestor's Signature					

DIVISION OF BUSINESS AND FINANCE (ACCOUNT VERIFICATION)

	Fund	Organization	Account	Program	Detail Code
Business Office Staff's Signature					

Notes:

1. Email the completed form to marketplace@isums.edu.
2. Run your Marketplace report every day after your store goes live in production. When someone registers for your event, check your Banner account the next day to ensure the amount paid in Marketplace is in your account. If it is not, notify the Marketplace representatives in the Business Office and Information Technology immediately.

DIVISION OF INFORMATION TECHNOLOGY

Approval Status	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Approval/Denial:	
Signature: IT Marketplace Representative			
Projected test build completion date:			
Projected test completion date:			
Projected production go-live date:			