



- 1. Click on the event registration link (UTRGV Marketplace) provided: https://secure.touchnet.net/C20545\_ustores/web/index.jsp#tabsAllStores
- 2. Select "2025 School of Medicine Research Symposium" Store button,



- 3. Select the appropriate "Store Category" based on your academic status and/or Partnership Level.
- 4.



Welcome to UTRGV Marketplace

2024 School of Medicine Research Symposium

Mall / 2024 School of Medicine Research Symposium

**Store Categories** 





5. Add Quantity needed and "add to cart". <u>For Partners</u>, your quantity will be only 1.

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All Stores Store Categories 👻								
	Undergrad	duate/ Medical Studen	ts					
	Mall / 2023 School of Medicine Research Symposium / Undergraduate/ Medical Students							
		Early Undergraduate/ Medical Student Registration	Price:	\$20.00				
		Undergraduate/ Medical Student in person Registration for the 2023 UTRGV SOM Research Symposium	Quantity:	X				
	Solvi Research Symposium							
					$\bigcirc$			

6. **If registering for only 1 registrant**, please scroll through the page and fill out all registrant information, then click "Continue" Button at the bottom of the page. <u>For Partners</u>, if bringing your Team, register only the primary contact person and provide us a list of your Team via email.

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All Stores Store Categories 👻								
	Early Undergraduate	e/ Medical Student R	Registration					
	Mall / 2023 School of Medicine Research	Symposium / Undergraduate/ Medical Studer	nts / Early Undergraduate/ Medical Student Reg	gistration - Options				
	(B)	Stock number:	3867733					
		Price:	\$20.00					
		Quantity:	1					
				* Indicates required information				
		Name						
		First Name *	Last Name *	A				
			ř.					
		Select One	•					
		Email *						
		name@email.com	•					
		Phone						
		(1956) 296-1705						
		Please list any special dietary restr	ictions you may have. If none, type N/A. *					
		N/A	•					
		(1=1,000 characters)						
		Will you be needing translation s	ervices during the event? *					
		Do you need any more special acc	ommodations during the Symposium?					
		N/A	۵					
		(1,000 characters maximum)						
								-
				Continue	ノ			G





 <u>Note:</u> If you are registering multiple people from the same category, you can do so all together, adding information by number of registrants, as seen below. <u>For Partners</u>, if bringing your Team, register only the primary contact person and provide us a list of your Team via email.

UTRGV							Q	۵	<b>1:0</b>
	Early Undergraduate	e/ Me	dical Student	Registration					
	Mall / 2023 School of Medicine Research 5	Symposium	Undergraduate/ Medical St	udents / Early Undergraduate/	/ Medical Student Registration - Options				
	-02	Stock nu Price:	mber:	3967733 \$20.00					
		Quantity		2					
			Name		* Indicates required informati	on .			
e.g. Jane Doe		1	First Name *	٥	Last Name *				
e.g. Jack Doe		2	First Name *		Last Name *				
			Classification *	¢	•				
e.g. Jane Doe's classification		٦ť.	Select One	~					
		2	Select One	~					
e.g. Jack Doe's classification									

2. Please check all items in the cart are accurate and press "Checkout."

<u>Note</u>: if you are registering people from different categories, please press "Continue Shopping" and add the other registrants to the cart at this point. **For Partners**, skip this screen.

UTRGV							Q	۵	<b>7:</b>
	Items in your Cart								
	Item Name		Store	Quantity	Remove	Amount			
	Early Undergraduate/ Me Registration	edical Student	2023 School of Medicine Research Symposium	1	<b>@</b>	\$20.00			
	Stock number:	3867733							
	Name:	Aniella Perez							
	Classification:	Undergraduate Student							
	Email:	aniella.perez01@utrgv.edu							
	Phone:	+1 956 296 1705							
	Please list any special di- etary restrictions you may have. If none, type N/A.:	N/A							
	Will you be needing translation services dur- ing the event?:	No							
	Do you need any more special accommodations during the Symposium?:	N/A							
					Tota	: \$20.00			
				Promotional C	Code	Apply			
					Continue Shopping	Checkout			





3. To Checkout, you can either register for a Marketplace account, or Checkout as Guest.

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	My Cart	Delivery	Payment	Confirmation	Receipt		
	Login						
	Username:						
	Password:					_	
				New User? <u>R</u>	egister Now Login		
	Contact Information						
	Email: *		name@email.com	* Indi	icates required information		
	Back			Continue Shopping	Checkout as Guest		

4. Once you log in as either "new user" or doing a "guest checkout", you will proceed to the payment screen. Please select a payment method and fill out all required payment information.

UTRGV			۹	<b>a</b>	<b>H</b> 0
		* Indicates required information			
	Payment Method: *	Select a Payment Method			
	Available Payment Methods   Decomp @comp WSA @comp   Electronic Check (ACH)- Electronic require a bank routing number and savings account. No corporate checks allowed, i.e. credit cards, home equity, trav	f account number. Payments can be made from a personal checking or eler's checks, etc.			
	Billing Address				
		* Indicates required information			
	Name: *				
	Address Line 1: *				
	Address Line 2:				
	Country: *	Select a Country ~			
	City: *				
	State/Province: *	N/A v			
	Postal Code:				
	Back	Continue Shopping Continue	l		¢

5. Once you click continue and pay, **you will receive a receipt** <u>via email</u>. If you have any questions email us at <u>somresearchsymposium@utrgv.edu</u>.