Solicitation Request

Your completed and signed form along with required attachments must be submitted to the Office of Student Life/ASNVC DW O H D V W G V H V H 3 5 W 2 5 G D W H U Y L F H D P S X V Y Y
H P D L O W K H I R U P W R 2 I I L F H $ V V L V W D Q W + H D W K H U 5 L F K W

Date(s) on campus:

_____

_____

Hours on Campus:

‘ 9 am -11 am
‘ 11 am -1 pm
‘ 1 pm -3 pm
‘ _____

Area on Campus:

‘ Campus Mall
‘ Library Plaza
‘ _____

Please check off what equipment you will need on the day of your visit:

‘ Table ‘ 2 Chairs ‘ nothing needed ‘ other: _____

Company Name: _____ Contact Phone#: (_____) _____

Contact Name: _____