POSTER REQUEST FORM

Name: ____________________________ Date: ____________________________

Organization: ____________________________

Date you need the poster(s) by: ____________________________

Quantity of Posters: ____________________________

Content of Poster(s): ____________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(Please make sure to include location, date, times and all other important information.)

This form must be turned in at least three days prior to the date needed.

We appreciate your cooperation with this requirement.

If you would like to show us the set-up of your poster, use the box below.

To be completed by A. S. B.
Completed on: ____________________________ By: ____________________________
Commissioner: ____________________________
Advisor: ____________________________