

Solicitation Request

Your completed and signed form along with required attachments must be submitted to Office of Student Life/ASNVC

HPDLO WKH IRUP WR 2IILFH \$VVLVWDQW +HDWKHU 5LFKW

Date(s) on campus:

Hours on Campus:

Area on Campus:

‘ 9 am -11 am

‘ Campus Mall

‘ 11 am -1 pm

‘ Library Plaza

‘ 1 pm -3 pm

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: _____

