## BOCA RATON CAMPUS

Telephone No:				Fax No:				
Department Name:			E-Mail	E-Mail Address:				
Campus Address:	Room No:							
<b>EVENT INFORMATION (Please Print)</b>								
Event Name:			Location	Location: End Date: End Time:				
Event Name: Starting Time:			End Da	End Date: F			End Time:	
TEMPORARY SIGNS (18x24 max. size)								
Choose sign location(s) number: (See	1	5	9	13	17	21	25	
Attachment "A" for Locations)	2	6	10	14	18	22	26	
If Directional Arrows are to be included on	3	7	11	15	19	23	27	
signs indicate (S) Straight, (R) Right or (L)	4	8	12	16	20	24		
Left, (N) None, after each numbered location chosen.		•	•	•	Date	<u> </u>	Time	
chosen.	Signs will be ready for pick up			7 11 <b>n</b>	Dan	,	Time	
	Signs to be placed on campus:			•				
Sign Text:	518115	to oc plan	ou on cump					
If applicable, which parking lot are signs d	irected: _			_ Pick-u	p location:			
BANNERS								
Check banner location by letter and size:	А□В			□G □ H □	] [	K 🗆 L 🗆	M $\square$ N $\square$	
See Attachments "B", "C" and/or "D" for	B □ C □ D □ (10' x 4' Max.)							
locations Banner material: Vinyl	_	_		г	_			
- Banner placement: Horizontal only	L			L				
- Baner size 10' x 3' (except location B, C & D)					Date	<u>,</u>	Time	
	Banners will be ready for pick up:						11110	
	Banners to be placed on campus:							
Pick-up location:	_							
Banner Text:								
Signs and Banners are to be removed from	campus?		Date:		Time:			
Sign/Banner disposal: Return signs to requestor after event?			Yes: _		No:			
This request meets the requirements of this	office an	d is forwa	rded to the	Office of S <sub>l</sub>	pace Utiliza	tion for co	nsideration.	
Vice President/Dean/Director	Print	Name			_	Date		
The sign/banner application has been revie	wad and i	s approve	d It is unde	rstood that	funding for	this sign/b	anner regulect	
is the responsibility of the requesting depa	weu anu i	o uppro . •		istood tiidt	ranianing roi		aririer request	
is the responsionitry of the requesting depa		s approve	<b></b> 10 10 <b></b> 0	istood that	- unamg 101		armer request	

cc: Requester, Physical Plant, file

Complete the entire form. Obtain signature of Director, Dean or Vice President, then forward to the Office of Space Utilization & Analysis (Bldg 69, Room 104 or fax at 561-297-0195). A response will be returned to the requester within seven (7) days of receipt of request.

\*\*\*To ensure proper navigation refer to A ttachment A and make sure arrows on the signs are adequately directing traffic to your event.\*\*\*