

Advertising Request Form	
*Today's date:	*Request from contact:
* School/Organization:	* Phone/Email:
* Department	* Manager:
* Project/Ad title:	*Ad due date:
*Publication:	
<b>PLEASE NOTE: Please submit this form 3-4 weeks prior to deadline to complete the necessary review/approval process.</b>	

DEPARTMENT BILLING INFORMATION	
*Total Amount:	Dept./Provider to be billed:
% of charge:	% of charge:

\*W9 attached    
  \*Organization documentation attached

**Completed W9 and organization documentation must be attached before request is processed.**

ADVERTISEMENT INFORMATION	
*Ad to be sent to (Email): _____	
<i>PLEASE LIST WHERE THIS AD WILL BE DISTRIBUTED</i>	
1. _____ (how many will be printed)	
2. _____ (how many will be printed)	
3. _____ (how many will be printed)	
4. _____ (how many will be printed)	
(Please check) Color: <input type="checkbox"/> BW <input type="checkbox"/>	<div style="text-align: right;"><i>AD DETAILS</i></div> File type: _____ Height: _____ Width: _____
<i>AD MESSAGE</i>	
(What information would you like on the ad? (logo, phone number, provider names, etc.)  _____ _____ _____ _____	