

REQUEST FOR PLACEMENT OF ADVERTISEMENTS

Please complete this form in detail so we may accommodate your request promptly. Remember to build in some time to obtain a budget authorization and the necessary approval signatures.

ORIGINATOR OF REQUEST:

Name	Title	
Department	Campus	Phone Ext.

If ad PRODUCTION is required, allow at least two weeks for design, copy approval and final proofing of the ad. Please supply suggested copy and ad size required as early as possible, giving us sufficient time to produce final stats for submission to newspaper or magazine.

AD PLACEMENT:

Date(s) advertisement to run:	Day	Date	Amount
	TOTAL:		

Where ad(s) to be placed:

Newspaper	Section	Ad Size
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Headline/subject of ad: _____

Budget Account Number: _____

Authorized Signature for Account: _____
Date

APPROVALS

Department Chair or Supervisor: _____
Date

Dean or Director: _____
Date

Associate VP for University Communications: _____
Date

When completed, this form should be forwarded to:
Sara Chamberlain, 201-692-Fax: 7019, Voice: 7337