

Request for Approval to Use Temporary Directional Signage
for Sponsored Events
In Accordance with Medical Center Policy 0049

Name of Event: _____

Name of Department: _____

Contact Person: _____

Phone Number: _____

Fax Number: _____

Box Number: _____

Proposed Wording for Sign (Patient & Guest Services will create sign from an approved template – see sample template below):

A brief description of the event: _____

Date, time, and location(s) for use of the stanchion(s): _____

Send completed form to one of the following at **least one week** prior to the event:
Email R Stanchions, PO Box 800704 or Fax to 243-1191

Questions about this form or the policy may be directed to 982-4210.

Approved: _____ Date: _____

Disapproved: _____ Date: _____

Date Requestor Notified: _____

Department name or host of event

Event name

Speaker's name, title, affiliation

Location of event

Date

Time

