

SGA PUBLICITY REQUEST FORM

-SUBMIT THIS FORM COMPLETED TO THE SGA DIRECTOR OF PUBLICITY IN THE OFFICE OF STUDENT LIFE -

TOPIC / EVENT TITLE:

DATE OF EVENT:

TIME OF EVENT (BEGINNING - END):

LOCATION OF EVENT:

TIME OF PUBLICITY (BEGINNING - END):

SHORT DESCRIPTION OF EVENT (1-3 SENTENCES):

ADDITIONAL INFO / NOTES / REQUESTS:

CONTACT NAME AND EMAIL: