



Suite 073 Student Union Bldg. • Stony Brook, NY 11794 • Telephone (631)-632-9349 • Fax (631)-632-9378

**SBU-TV CAMPUS ANNOUNCEMENT REQUEST FORM**

Organization Name: \_\_\_\_\_

Organization Phone # \_\_\_\_\_

Organization Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact's Phone # \_\_\_\_\_

**ANNOUNCEMENT**

Dates announcement is to be aired:

*(please give at least two weeks advance notice)*

\_\_\_\_\_

Information to be displayed:

*( please write clearly or provide typed text in the exact order you wish the information to be displayed.)*

EXAMPLE: ORGANIZATION NAME  
INFORMATION TO BE DISPLAYED  
*(Include dates, times and locations of events if it applies)*  
ADDRESS AND/OR PHONE # WERE VIEWERS MAY RESPOND OR INQUIRE  
*(This is optional)*

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RETURN THIS FORM TO THE SBU-TV MAILBOX LOCATED IN THE USG SUITE AT THE SAC