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

SBUannounce.doc