



**REQUEST FOR DEMONSTRATION AND DISTRIBUTION OF  
LITERATURE FORM**

Name of Individual making request: \_\_\_\_\_

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

Requesting Organization (if applicable): \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Telephone: (Mobile) \_\_\_\_\_ (Work) \_\_\_\_\_

(Home) \_\_\_\_\_

Purpose of event:

\_\_\_\_\_  
\_\_\_\_\_

Equipment to be used during the Event: \_\_\_\_\_

Requested Date and Time of Event:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Requested Location: \_\_\_\_\_

Number of Organizers Expected to Participate in the Event: \_\_\_\_\_

Estimated Number of People Expected to Attract to the Event: \_\_\_\_\_

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For University Use only

Event approved: \_\_\_\_\_

Location approved: \_\_\_\_\_

Time of approved event: \_\_\_\_\_

Conditions of Approval: \_\_\_\_\_

(Name of approver) \_\_\_\_\_

(Signature) \_\_\_\_\_

(Date) \_\_\_\_\_

(Revised 7/15)