

TABLING APPLICATION

Date Application Received: _____

Name of Organization: _____
 Organization Representative Name: _____ Title: _____
 Email: _____ Phone Number: _____
 Please provide *DETAILED* description of the purpose of your tabling:

Type of Distribution

Free Distribution of:

- Materials/Good
- Literature/ Information
- Petition
- Membership Information
- Other: _____

Donations:

Charity Name: _____
 Charity Contact: _____
 Funds
 Goods

Sale of Goods / Services: (Please describe)

Vendor Partner Name:

Contact: _____

Please submit this application for review in the Office of Student Involvement & Leadership – CC 130

After this form has been authorized, you are responsible for reserving your table with the Student Involvement & Leadership Reservation Staff (CC 130)

Requested Date _____	Requested Location _____
Requested Date _____	Requested Location _____
Requested Date _____	Requested Location _____
Requested Date _____	Requested Location _____
Requested Date _____	Requested Location _____
Requested Date _____	Requested Location _____
Requested Date _____	Requested Location _____

**Please note:
 \$10/day fee
 for Campus
 Center Lobby &
 C.C. Fountain
 Sales**

Authorized to make reservation

Reservations Manager Signature (REQUIRED)

Date: _____

- FOR OFFICE USE ONLY -

Confirmed Date _____	Confirmed Location _____
Confirmed Date _____	Confirmed Location _____
Confirmed Date _____	Confirmed Location _____
Confirmed Date _____	Confirmed Location _____
Confirmed Date _____	Confirmed Location _____
Confirmed Date _____	Confirmed Location _____
Confirmed Date _____	Confirmed Location _____

**R25 Reference
 Number**

- A copy of the approved application must be visibly displayed @ the solicitation site
- Term usage is limited to no more than 2 consecutive weeks or 30 days total for an academic year
- All solicitations shall be conducted by units / organizations recognized by the University @ Albany