Dining Table Tent Reservation Request GSU Café

Campus Department or Recognized Organization:	
Contact Person:	
Phone Number:	
Email:	
What Services, programs, and/or event(s) are you promoting? Start Date to be Advertised - Must be a Saturday (Format: MM/DD/YYYY):	
For Office Use Only:	
Date Received:	
Approved Denied	
Authorized By:	Date:
Notification Sent By:	
Email Phone	