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| UChicago_CMYK_MAROON |  |  |

**Vendor Product Show Request Form**

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| --- | --- | --- |
| **SPONSORING DEPARTMENT INFORMATION** | | |
| Department Name: | |  |
| Department Contact Name: | |  |
| Title: |  | |
| Email: |  | |
| Phone: |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **VENDOR SHOW INFORMATION** | | | | | | | |
| Date(s): |  | | | | Time(s): |  | |
| Location(Room/Bldg): | | |  | | | | |
| Vendor Name: | |  | | | | | |
| Please attach additional sheets if more than one vendor is participating. | | | | | | |  |
| Vendor Contact Name: | | |  | | | | |
| Email: | |  | | | | | |
| Phone: | |  | | | | | |
| Number of Vendor Attendees: | | | |  | | | |
| List product lines to be featured: | | | |  | | | |
|  | | | | | | | |
|  | | | | | | | |
| Will there be food present?: | | | |  | | | |
| Approximate number of guests: | | | |  | | | |
| Audience (PIs, student, staff): | | | |  | | | |
| List University departments to be invited: | | | | |  | | |
|  | | | | | | | |

**EMAIL completed form NO LATER THAN TEN (10) BUSINESS DAYS PRIOR TO VENDOR SHOW to:** [**pps@uchicago.edu**](mailto:pps@uchicago.edu)

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| **FOR UNIVERSITY OF CHICAGO PROCUREMENT SERVICES USE ONLY** | |
| Approved by: |  |
| Title: |  |
| Date: |  |