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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: |   |

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| **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**

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