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DIGITAL SIGNAGE REQUEST FORM

(Please note: seven business days advance notice required)

Name: _____

Email: _____ Phone Number: _____

Affiliation:

- Registered Campus Organization
- UC Irvine Department
- UC Department
- External Client

Organization/Department/Company Name: _____

Event or Subject of Content: _____

Purpose: _____

Date/Time: _____

Location: _____

Where to Get More Information:

(office building, room number, phone, or website)

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Special notes: _____
