

ATRIENT KIOSK PROMOTION WORK REQUEST

NAME OF EVENT: _____

DATE OF EVENT: _____

REQUESTOR: _____

PHONE: _____

DEPARTMENT: _____

DEPT #: _____

DATE OF REQUEST: _____

DATE OF EVENT: _____

SET UP DATE AND TIME: _____

TEAR DOWN DATE AND TIME: _____

LOCATION OF EVENT: _____

OF DESIRED KIOSKS: _____

DATA JACK # (S): _____

IS POWER AVAILABLE: _____

RECEIPT REQUIRED? _____

IF YES, TEXT WANTED: _____

DESCRIPTION OF PROMO WANTED: _____

TYPE OF PRIZES/GIFTS: _____

IS THERE A SUBSTITUE ITEM?: _____

PRIZE NAMES/VALUES

SPECIAL INSTRUCTIONS: _____

REQUESTORS SIGNATURE: _____ DATE: _____

DIRECT SUPERVISOR: _____ DATE: _____

PROMO COMPLETED BY: _____ DATE: _____