



Location: ☐ Boulder ☐ Colorado Springs ☐ UCD - downtown  
☐ UCD – Anschutz Medical Campus ☐ Other \_\_\_\_\_

Department Name: \_\_\_\_\_

Department Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_ Location (room/bldg): \_\_\_\_\_

Supplier Name: \_\_\_\_\_

Please attach additional sheets if more than one supplier is participating.

Supplier Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

List products to be featured: \_\_\_\_\_

List CU departments to be invited: \_\_\_\_\_

**Email completed form NO LATER THAN 10 BUSINESS DAYS PRIOR TO SUPPLIER SHOW**  
**to: [Sandy.Hicks@cu.edu](mailto:Sandy.Hicks@cu.edu)**

☐ Approved      ☐ Not Approved      Explanation: \_\_\_\_\_

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