

Signature:

## **Table Reservation Request Form**

Paul Robeson Campus Center
350 MLK Jr Blvd, RM 203
Newark, NJ 07102
Phone (973) 353-5568 resv@newark.rutgers.edu

Primary Contact:				Today's Date:		
Organization/Department or Co	mpany Name:					
Address:		City:		State:	Zip:	
Phone:	Email:					
Tabling Event Name:						
Requested Date(s):		A	ternate Date(s):			
Requested Start Time:		Alter	nate Start Time:			
Requested End Time:		Alte	rnate End Time:			
Table Type (Please Select 1):	INFORMATION	FORMATION VENDING/SALES EMPLOYMENT/RECRUITMENT  Employment Recruitment must be coordinated with the Career Development Center.  Email careers@newark.rutgers.edu for more inf				
Please provide a brief description	on of what you will be	promoting	j or selling:			
Student Organizations: \$0	University Departn	nents: \$5	Academic Par	tner: \$25	Alumni/Faculty/Staff, Non-Profit, External: \$50	
Certified Check, Credit Card, or In checks payable to 'Rutgers Univer confirmed until payment is sub	sity-The State of New .		•	-	-	
Tables are located on Student St Campus Center. Vehicles parking				is no parking av	ailable at the Paul Robeson	

Date: