



# External Vendor/Group Tabling Request Form –AC Campus

Submit questions and/or completed forms to: [ACoperations@stockton.edu](mailto:ACoperations@stockton.edu)

Name: \_\_\_\_\_ Organization/Company: \_\_\_\_\_

Sales: (Describe) \_\_\_\_\_

Distributing Information: (Describe) \_\_\_\_\_

Which best describes your company/organization?  For Profit  Not-for-Profit  Government Agency

E-mail Address: \_\_\_\_\_

Business/Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

### CONDITIONS:

- Requestor must complete the request form and allow 2 business days for review/processing.
- Tabling activities are assigned based on availability in the Atlantic City Academic Complex Lobby.
- The University will supply the table(s) and chairs. No additional equipment is permitted without prior approval.
- Tabling activities are confined to the table space(s) assigned. Setup must be contained within that designated area. Tables may not be moved. Access to electrical outlets is not available.
- Placing items against or affixing them to the walls/windows is prohibited.
- Activities are not to interfere with the normal operations of the University. Pedestrian walkways must be kept clear.
- Aggressive solicitation methods or solicitation outside of the assigned area is prohibited.
- Sales or distribution of consumable products must be approved in advance.
- Instructions on use of the parking lot adjacent to the building will be communicated with your reservation confirmation.
- Failure to comply with these conditions may result in cancelation of reservation(s) without refund.

### FEES/PAYMENT:

- Payment is due to Atlantic City Academic Complex Information Desk at or prior to the time of setup. Cash or check only. Make checks payable to "Stockton University".
- Rates: \$30.00 (1) 6ft tables with 2 chairs / \$50.00 (2) 6ft tables with 4 chairs
- Exceptions: There is no charge for the distribution of information by Not-for-Profit groups or Government Agencies.

Date(s) \_\_\_\_\_ Time(s) \_\_\_\_\_ # of Tables \_\_\_\_ Fee: \_\_\_\_\_

Date(s) \_\_\_\_\_ Time(s) \_\_\_\_\_ # of Tables \_\_\_\_ Fee: \_\_\_\_\_

I understand the terms and conditions: \_\_\_\_\_ **TOTAL Fees:** \_\_\_\_\_

**Payment Received Date:** \_\_\_\_\_

\_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_

**OFFICE USE ONLY:** Apply to Food Assistance Program #: \_120003 – 320005 - 50  
(CC Monica Viani on correspondence related to deposits)

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_