

# County of Ventura Display Application

## Applicants Information:

Name of Organization / Agency: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE CHECK THE BOX THAT APPLIES

Profit  Non - Profit  County of Ventura Employee - Provide below Accounting Codes

Point of Contact: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Authorized Signature: (Print Name) \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

## Display Information:

Title of Display: \_\_\_\_\_

Purpose of Display: \_\_\_\_\_

Requested Dates: \_\_\_\_\_ Through: \_\_\_\_\_

Location: \_\_\_\_\_

Description:  Table top  Poster / Flyer  Free Standing Structure

Other: \_\_\_\_\_

Approximate Dimensions: Height: \_\_\_\_\_ Width: \_\_\_\_\_ Length: \_\_\_\_\_

Does the Display contain its own lighting?  No  Yes. Please complete section below

From where will power be received? \_\_\_\_\_

Equipment Requested: Tables: \_\_\_\_\_ Chairs: \_\_\_\_\_ Linen: \_\_\_\_\_

Other: \_\_\_\_\_

## Internal Accounting Codes:

Unit: \_\_\_\_\_ Phase: \_\_\_\_\_

Activity: \_\_\_\_\_ Task: \_\_\_\_\_

Function: \_\_\_\_\_ Object: \_\_\_\_\_

Program: \_\_\_\_\_ Dept. Obj.: \_\_\_\_\_

## For Official Use Only

Date Display Application Received: \_\_\_\_\_

Status of Display Application:

Approved  Denied Reason: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_