## **CSD Banner Permit Application**

Date:			Organ	ization:								
Name:					Tax ID	:						
Address:Phone:					_ City:			2	Zip Code:			
					Phone:							
Event Na	me/Bann	ner Descrip	tion:									
Location:												
Please reference the map to the right and indicate your desired space number in the table below. Slots begin at 12:00pm on Mondays and end at 10:00am on the					Stanford							
following N	londay. <b>A</b> er calenda	maximum o ar year with	f 4 tota	al slots can be	#E2		#E1		- 0-			
Space # Start Date		art Date	End Date		#LZ			Alma				
	Monday,		Monday,		#E3	Embarcadero	#E4	;	#U1	#U2	#U3	
Monday,			Monday,							ity		
			Monda	ıy,		oarc				University		
	Monday,		Monday,			Em		101		D		
Payment	:											
# of Slots		For Profit		NonProfit	Banner slots are one was and ending Monday a				_			
1		\$66		\$33	\$33 Nor						y sponsored	
2		\$132		\$66				fee with a				
3		\$198 \$264		\$99 \$132		•		on EnjoyOr on, please c			•	
☐ City Sp	onsored											
		City Con	tact					Phon	е			
Signature	<b>::</b>											
Applicant's Signature								Da	te			
Last 4 Digits of Credit Card / CVV							Expiration Date					
OFFICE U	SE ONLY:	Approv	/ed	☐ Denied Co	ntract #			Fe	es Paic	d: 🗌 Y	es 🗌 No	