



**GEORGIA-PACIFIC
CENTER**

LOBBY EVENT / EVENT SIGNAGE REQUEST

Company: _____

Contact Name: _____

Suite #: _____

Building: _____

Phone: _____

Fax #: _____

LOBBY EVENT REQUEST

Proposed Date _____

Proposed Start & End Time _____

Proposed Building Area Location _____

Nature / Type of Event _____

Description of Event Set-Up / Display _____

Outside Vendor Information
(Name, Contact Information) _____

Additional Security Officers Needed? Yes No

If yes, Security Officer Start & End Time Start: _____ End: _____

Number of Security Officers Needed _____

LOBBY EVENT SIGNAGE REQUEST

Proposed Location for Signage Display _____

Proposed Start Date _____ Proposed End Date _____

Proposed Start Time _____ Proposed End Time _____

Proposed Signage Verbiage _____

Signage to be Produced by Tenant Yes No

Authorized Signature

For Office Use Only: Yes <input type="checkbox"/> No <input type="checkbox"/>
Approver Initials: _____
Date Approved: _____
Date Issued to Security: _____
Bill Back: Yes <input type="checkbox"/> No <input type="checkbox"/>