



# THE JOHNS HOPKINS HOSPITAL Corridor Activities Request Form

Sponsoring Department/Organization: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Purpose and Type of Campaign\*: \_\_\_\_\_

Date(s) and time(s) of event: \_\_\_\_\_

Location (please circle): BROADWAY ENCHANTED FOREST Other: \_\_\_\_\_

Number of tables: \_\_\_\_\_

Number of chairs: \_\_\_\_\_

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Internal Address

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

Cost Center Number (required): \_\_\_\_\_

Name & phone number of individual responsible for clean up: \_\_\_\_\_

Fax a confirmation of this request to fax number: \_\_\_\_\_

*\*Copies of handouts, flyers and/or posters to be used in the campaign must accompany this request. All items must have the Johns Hopkins logo (available at [www.hopkinsmedicine.org/graphicstandards](http://www.hopkinsmedicine.org/graphicstandards)).*

\_\_\_\_\_  
TO BE COMPLETED BY HR

Authorization Decision by HR: \_\_\_\_\_ Date: \_\_\_\_\_

This form **MUST** be completed and submitted at least 10 days prior to your event start date in order to ensure ample time to schedule and plan for space and/or equipment. Please submit or e-mail to the contact below. No space is confirmed until you have received a reply of confirmation.

Human Resources  
Attn: Zina Brown  
Phipps 481  
Fax: 4-8282; Phone: 5-6783