



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).*

TO BE COMPLETED BY EVS

Authorization Decision by EVS: _____ Date: _____

Please send or fax completed forms to:
Environmental Services
Carnegie 150
Fax: 2-5119; Phone: 5-5714