GUILFORD TECHNICAL COMMUNITY COLLEGE

Solicitation and Visitor Reservation Form

DATE:	
NAME:	
COMPANY:	
TITLE:	
OTHERS INVOLVED IN ACTIVITY:	
NAME(s):	
NAME(s):	
TYPE ORGANIZATION:	
BUSINESS ADDRESS:	
BUSINESS TELEPHONE:	<u> </u>
EMAIL ADDRESS:	
PURPOSE OF VISIT:	
CAMPUS REQUESTED:	
DATE(s) OF ACTIVITY:	
TIME(s) OF ACTIVITY:	
REQUESTED METHOD OF SOLICITATION _	
	Limited to One per Event
FOR OFFICE U	
Authorization for Solicitation	n and Visitor Reservation
R GENERAL PUBLIC AND EMPLOYEES:	FOR STUDENTS:
CE PRESIDENT, BUSINESS & FINANCE	VICE PRESIDENT, STUDENT SERVICE
(SIGNATURE)	(DATE)
(SIGNATURE)	(DATE)

NOTE: GTCC reserves the right to cancel this authorization at any time, should the rights or activities of students, faculty or staff be interfered with or disrupted.

REV 04/05/2024