Electronic Signs Message Submission Form

Please print, fill-out, and mail to:
Assistant to the Director of Public Affairs
Box 1027

I, the undersigned, have read and understand the rules governing operation of the SIU Edwardsville Electronic Signs. I hereby accept responsibility for the accuracy of the message submitted on this form for display on the electronic signs.

Signature_____

Printed Name_____

Address_____

Daytime Telephone_____

Organization Name_____

Contact Person _____

Daytime Telephone_____

Mandatory For All Student Oganizations

Adviser's signature _____

Printed Name_____

Message: Must not exceed one frame, three lines per frame, sixteen character/spaces per line