

William J. Hughes Technical Center

DIGITAL SIGNAGE

Request Form

PLEASE NOTE:	<ul style="list-style-type: none"> Submit content electronically a minimum of five (5) business days before it is to be displayed on the Digital Signage. Complete all required fields (designated with an asterisk *). If a field is not applicable, enter "N/A" in the field. Upon completion, the Requestor's FAA Manager or COR (Contractor) MUST approve this form. 	Work Request # <div style="border: 1px solid black; height: 20px; width: 100%; margin: 5px 0;"></div> office use only
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>> PLEASE EMAIL THIS REQUEST FORM TO 9-ACT-DIGITALSIGNAGE <<

REQUESTOR INFORMATION Form Version: 1

*Last Name:	*First Name:
*Phone Number:	*Email:
*FAA Org: (ANG***)	Company: <small>(if contractor)</small>

ANNOUNCEMENT DETAILS

*Type/Title of Event:																	
*Start Date:	*End Date:																
Event Time(s):	Location of Event:																
Preferred Display Location: <table style="display: inline-table; vertical-align: top; margin-left: 10px;"> <tr> <td><input type="checkbox"/> All</td> <td><input type="checkbox"/> Director Suite</td> <td><input type="checkbox"/> 316 Atrium</td> <td><input type="checkbox"/> 210 Entrance</td> </tr> <tr> <td><input type="checkbox"/> Atrium</td> <td><input type="checkbox"/> Hangar</td> <td><input type="checkbox"/> 316 Hallway</td> <td><input type="checkbox"/> 270 Entrance</td> </tr> <tr> <td><input type="checkbox"/> Elevators</td> <td><input type="checkbox"/> SOC Lobby</td> <td><input type="checkbox"/> 28 Lobby</td> <td><input type="checkbox"/> 275 Office Area</td> </tr> <tr> <td><input type="checkbox"/> Cafeteria</td> <td><input type="checkbox"/> TSF Entrance</td> <td><input type="checkbox"/> 201 Main Corridor</td> <td><input type="checkbox"/> 296 Lobby</td> </tr> </table>	<input type="checkbox"/> All	<input type="checkbox"/> Director Suite	<input type="checkbox"/> 316 Atrium	<input type="checkbox"/> 210 Entrance	<input type="checkbox"/> Atrium	<input type="checkbox"/> Hangar	<input type="checkbox"/> 316 Hallway	<input type="checkbox"/> 270 Entrance	<input type="checkbox"/> Elevators	<input type="checkbox"/> SOC Lobby	<input type="checkbox"/> 28 Lobby	<input type="checkbox"/> 275 Office Area	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> TSF Entrance	<input type="checkbox"/> 201 Main Corridor	<input type="checkbox"/> 296 Lobby	
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<input type="checkbox"/> Elevators	<input type="checkbox"/> SOC Lobby	<input type="checkbox"/> 28 Lobby	<input type="checkbox"/> 275 Office Area														
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> TSF Entrance	<input type="checkbox"/> 201 Main Corridor	<input type="checkbox"/> 296 Lobby														

Images and/or Artwork:

Website Reference(s):

***MESSAGE TO BE DISPLAYED**

***APPROVAL – Manager or COR (Contractor)**

Signature:	Phone:	Date:
Print Name:	Title:	

TO BE COMPLETED BY IMAGING TECHNOLOGIES STAFF:

Work Completed By:	Labor Hours:	Date Completed:	File Name and Location:
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