

Tabletent/Coffee Labeling Program Request Form

Campus groups can take advantage of our tabletent and coffee labeling programs to advertise their special events at **no cost**.

Please review the program guidelines below:

- Participants are responsible for submitting a proof of their flyer or label to the Binghamton University Dining Services Marketing Office at marketing@budining.com and emailing this form to reserve the date spaces prior to their event.
- Participants **must** receive a confirmation email from the Marketing Office before the dates are considered confirmed in either of the programs.
- All new tabletent flyers will be distributed in the dining halls on a Monday morning.
- Tabletents can only be guaranteed to run for two weeks and coffee labels can only be guaranteed to run for one day.
- Tabletents cover all dining halls. This does not include any retail dining locations, which are exempt from this program
- Participants are responsible for dropping off their pre-printed tabletent flyers one week prior to their confirmed start date to the Dining Services Main Office (UU 116).
- **Tabletents must:**
 - **Be cut to 4x6, portrait orientation**
 - **Be printed on cardstock**
 - **Be separated and rubber banded into 5 groups of 100.**
 - **We recommend using the Campus Copy Center to print and cut your flyers.**
- **Coffee Sleeves** - Participants must pick up their coffee sleeves from the Dining Services Main Office (UU 116) prior to their confirmed date and return them to Jazzman's Library Tower the day before they are to be distributed. Maximum number of coffee labels are not to exceed 1,000 per promotion and are distributed solely through Jazzman's Library Tower.
 - **Coffee Labels - please use Avery 5163 template**
 - **Labels can be affixed with a glue gun or tape if needed.**
Stapled labels will not be accepted.

We look forward to helping you promote your campus event. If you have any further questions, please call the Marketing Office at 607.777.6451

Name of Organization/Group _____

Name of Event _____

Dates Tabletents/Coffee Labels will run _____
(Tabletents **must** start on a Monday & Coffee Labels only run for **ONE** Day.)

Contact Info: Name: _____ Email: _____

Program Interest: (please mark choice/choices with an X)
Tabletent Program _____ Coffee Labeling Program _____

