

Trademark Use Request Form

We are pleased to consider your request to use the identifying trademarks of Meredith College. Please complete this form and return it to the **Department of Marketing, attention Vanessa Harris, by fax: 760-8330 or interoffice mail.** Request process typically takes 3 - 5 business days; however this time could be longer if more information is needed or if the submitted design needs alterations.

Project contact	ect contactDate	
Department		
Phone	Email	@meredith.edu
PRODUCT INFORMATION		
•		uantity
Select which Meredith College w (ARTWORK MUST ALSO BE SUBM	ordmark, logo or phrase will appear on product ITTED WITH THIS FORM)	
O Word mark O Athletic Mark	O Meredith College® O Meredith Avenging Angels®	O Avenging Angels™
How will product be distributed	O Given Away O Sold to O Alumnae O Faculty & Staff O Mem O Parents O Students O General Public O Other	·
Proceeds will be used for	 Educational Programming Support of philanthrop Event Other	-
Purpose/Event	Date	
Contact person		
	Product will be sold for: \$	
- Approved	For Office Use Only:	
☐ Approved ☐ Approved with changes: ☐ Denied for the following	reason(s)	
Royalty □ Due		
☐ Exempt	Signature	Date

Note: Art approvals are limited to the job specified on this sheet. Re-orders require additional approval.