

Supplier Show Approval Form

departments participate, must have prior approval from the University's Associate Vice President/Chief Procurement Officer (AVP/CPO). Location: CU Boulder UCCS CU Denver CU Anschutz Medical Campus Other SPONSORING DEPARTMENT INFORMATION Department Name: Department Contact Name: _____ Title: _____ Phone: _____ Fax: ____ SUPPLIER SHOW INFORMATION _____ Location (room/bldg): Supplier Name: Please attach additional sheets if more than one supplier is participating. Supplier Contact Name: _____ Email: Phone: Fax: List products to be featured: List CU departments to be invited: Email completed form NO LATER THAN 10 BUSINESS DAYS PRIOR TO SUPPLIER SHOW to: Ed.Mills@cu.edu For CU Procurement Service Center Use Only Approved Not Approved Explanation: Signature: Ed Mills, AVP/CPO

All Supplier Shows sponsored by University of Colorado departments, and in which two or more