MANILA TYTANA COLLEGES
Pres. Diosdado Macapagal Blvd., Metropolitan Park, Pasay City

REQUEST FOR POSTING FORM

Date: ............................................................

Requesting Unit: ...........................................................................................................

Representative’s Name: ..................................................................................................

Representative’s Signature: ..........................................................................................

Title of Activity (if any): ...............................................................................................

Nature of Announcement: ............................................................................................
(Indicate if memo, invitation to an event, message, etc.)

Posting Location: ........................................................................................................

Duration: ....................................................................................................................

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Dimensions</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaser</td>
<td></td>
<td>x inches</td>
<td>pcs.</td>
</tr>
<tr>
<td>Poster</td>
<td></td>
<td>x inches</td>
<td>pcs.</td>
</tr>
<tr>
<td>Small tarpaulin</td>
<td></td>
<td>x feet</td>
<td>pcs.</td>
</tr>
<tr>
<td>Big tarpaulin</td>
<td></td>
<td>x feet</td>
<td>pcs.</td>
</tr>
</tbody>
</table>

Attach copy of publicity material to this form.

Cleared by DO: ............................................................................................................

Endorsed by Director: .................................................................................................

Approved by FMMD: .....................................................................................................

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APPROVED FOR POSTING

To be filled out by FFMD:

Location: ....................................................................................................................

Duration: ....................................................................................................................

Care of: ......................................................................................................................