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 ___________________________ Date ___________________________

Department __________________________________________________________________________________________

Phone ___________________________ Email ___________________________ @meredith.edu

PRODUCT INFORMATION

Product description ____________________________________________________________________________________________

Quantity ____________________________________________________________________________________________

Select which Meredith College wordmark, logo or phrase will appear on product

(ARTWORK MUST ALSO BE SUBMITTED WITH THIS FORM)

 Word mark    Athletic Mark    Meredith College®    Meredith Avenging Angels®    Avenging Angels™

How will product be distributed

 Given Away

 Sold to    Alumnae    Faculty & Staff    Members of Department

 Parents    Students    General Public    Other ____________________________

Proceeds will be used for

 Educational Programming    Support of philanthropy

 Event ____________________________

 Other ____________________________

Purpose/Event ___________________________ Date ___________________________

MANUFACTURER (see approved vendor list at meredith.edu/marketing/licensing)

Contact person ___________________________ Phone ___________________________

Company name ____________________________________________________________________________________________

Address ____________________________________________________________________________________________

Cost to you per unit: $ ___________________________ Product will be sold for: $ ___________________________

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.