



RETAIL MANAGEMENT

COCA COLA PRODUCT REQUEST FORM

DATE SUBMITTED: _____

Submit form at least two (2) weeks prior to the date of event

ORGANIZATION INFORMATION

NAME: _____

EVENT: _____

DATE OF EVENT: _____

EVENT TIME (START AND END): _____

LOCATION: _____

EXPECTED ATTENDANCE: _____

PREFERRED PRODUCT: _____

COORDINATOR INFORMATION

EVENT COORDINATOR: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

* Please note all requests are first come first serve, therefore not all requests can be fulfilled

PLEASE RETURN TO:

RETAIL MANAGEMENT OFFICE
MACALISTER HALL, SUITE 1049
215.895.6187

RETAILMANAGEMENT@DREXEL.EDU

