

ACTIVATION REQUEST

| Customer Name: | Contact Person: |
|-----------------------|---------------------|
| | |
| WITS Customer Number: | Contact Number (O): |
| Email Address: | Contact Number (C): |

| Activation Details | | | | | |
|----------------------------|----------|----------|------------|-------------|--|
| Company Name: | | | | | |
| Campaign Name: | | | | | |
| Proposed Dates: | | | | | |
| Stand Size (TICK) | 3m by 3m | 6m by 6m | 10m by 10m | 12m by 12m | |
| Preferred Location (TICK) | Library | Sibanye | Science | Gavin Reily | |
| | Lawns | Bridge | Stadium | Greens | |

Infrastructure

Please give a brief description of the activation (include the use of special or unusual equipment)

| Overnight Security (Additional Cost) | | |
|---|--|--|
| Electricity (Cords and Other materials at customer's cost | | |
| Sound | | |
| Non-sound | | |
| Additional information: | | |
| | | |
| | | |
| | | |

For sound activations, kindly provide us with the following details (if applicable):

| Designation | Name |
|--------------------|------|
| MC | |
| Artist/Performer | |

Thank you for taking the time to complete this form, we will revert with a formal quotation.