



BRANCH MARKETING

MEDIA REQUEST FORM

Requestor Info (PLEASE PRINT)

Name (First & Last): _____ Phone: _____
 Required Date: _____ Email Address: _____
 Organization: _____ Project Title: _____

Request Info (PLEASE PRINT)

- | | | | | |
|-----------------------------------|--|--|-------------------------------------|---|
| <input type="checkbox"/> Poster | <input type="checkbox"/> Flyer | <input type="checkbox"/> Brochure | <input type="checkbox"/> Invitation | <input type="checkbox"/> Business Cards |
| <input type="checkbox"/> Programs | <input type="checkbox"/> Marquee | <input type="checkbox"/> Copies | <input type="checkbox"/> Banners | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> CD/DVD | <input type="checkbox"/> Promotional Items | <input type="checkbox"/> Other (explain) _____ | | |

PAPER TYPE	<input type="checkbox"/> Plain	PAPER SIZE	<input type="checkbox"/> 4.25 x 8.5	<input type="checkbox"/> 8.5 x 14	INK COLOR	<input type="checkbox"/> Black & White
	<input type="checkbox"/> Cardstock		<input type="checkbox"/> 8.5 x 11	<input type="checkbox"/> 11 x 17		<input type="checkbox"/> Full Color
<input type="checkbox"/> Special		<input type="checkbox"/> Other _____				
TOTAL NEEDED		BANNER MATERIAL	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Coated Paper	<input type="checkbox"/> Heavy Coated	
			<input type="checkbox"/> Glossy	<input type="checkbox"/> Canvas	<input type="checkbox"/> Banner	
BANNER SIZE	36 x	NUMBER OF BANNERS		BANNER USAGE	<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor

DVD QUANTITY		DVD/CD CASES	<input type="checkbox"/> Yes <input type="checkbox"/> No	COVER ON DVD/CD	<input type="checkbox"/> Yes <input type="checkbox"/> No
CD QUANTITY		COVER DESCRIPTION:			

VIDEO TAPING DATE		VIDEO TAPING LOCATION		VIDEOTAPING TIME	
PHOTOGRAPH DATE		PHOTOGRAPH LOCATION		PHOTOGRAPH TIME	

Requestor Signature _____ DATE _____

SPECIAL INSTRUCTIONS

Director/Deputy Approval:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date:	
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Signature: _____