

Marketing Project Request Form

Department _____ Date Received _____

Account Number _____ Contact Person _____

Email _____ Phone extension _____

Target Audience _____

Type of project

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Flier - 8 1/2 x 11 | <input type="checkbox"/> Poster - 11 x 17 | |
| <input type="checkbox"/> Signage | <input type="checkbox"/> Brochure/Booklet | <input type="checkbox"/> Invitation | <input type="checkbox"/> Certificates |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Table Tent | <input type="checkbox"/> Program | <input type="checkbox"/> Post Card |
| <input type="checkbox"/> Other (please specify) _____ | | | |

Color Black/White Quantity Needed _____

Deadline Date _____

Content*

Who _____

What _____

When _____

Where _____

Why _____

*Is a sample draft provided if more detailed information is required for your project?

- Yes – attached No - needs development

Job Completed Date _____

If no, please see the Vice President for Community Relations and Development to schedule an appointment.

Projects needing development time will require an additional 2 weeks to project deadline.



CCBC Publications