

MARKETING PROJECT REQUEST FORM

Project Title _____ Date needed in hand _____

Contact Name* _____ Phone _____

**This person will be notified to approve project drafts.*

Charge to Account # _____ - _____ - _____ Budget _____

This form must be completed and submitted to the Director of Marketing and Communications in order for your project to be scheduled. If requesting multiple pieces, please complete one form for each project.

QUANTITY:

PROJECT TYPE:

- New Job Design Revision to Existing Piece
 Reprint of Existing Piece (No Design Changes)
 Print New Piece (No Design Required)

PROJECT DESCRIPTION/SPECIAL INSTRUCTIONS

INFORMATION PROVIDED: Date _____

- Word document emailed with typed text
 Hard copy attached with changes (for revisions only)
 Photography/Artwork

INTENDED AUDIENCE:

- | | |
|---|---|
| <input type="checkbox"/> Prospective Students | <input type="checkbox"/> Traditional Students |
| <input type="checkbox"/> Non-traditional Students | <input type="checkbox"/> Graduate Students |
| <input type="checkbox"/> Alumni | <input type="checkbox"/> Parents |
| <input type="checkbox"/> Trustees | <input type="checkbox"/> General Public |
| <input type="checkbox"/> Other _____ | |

WHAT IS THE INTENDED OUTCOME OF THIS PROJECT? _____

HOW WILL ITS SUCCESS BE MEASURED? _____

TYPE OF PIECE:

- | | | |
|--------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Flyer | <input type="checkbox"/> Poster |
| <input type="checkbox"/> Program | <input type="checkbox"/> Invite | <input type="checkbox"/> Website Update |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Print Ad | <input type="checkbox"/> Other _____ |

PAPER TYPE:

- Recommendation from Marketing Dept.
 Color Paper Letterhead
 Other _____

INK COLOR:

- Full Color Black and White

WILL THIS PROJECT NEED TO BE MAILED?

- Yes No

If yes, please answer the following questions:

Do you prefer:

- Self-mailer (postcard/direct mail)
 Mailed in an Envelope

What is the preferred mailing date? _____

Who will provide the mailing list? _____

Where will the mailing distribution occur?

- By Your Department
 On Campus Mail Room
 Mail House

HAVE YOU REQUESTED ANOTHER PROJECT THAT THIS WILL COORDINATE WITH? Yes No

IS THIS PROJECT REQUEST FOR AN EVENT?

- Yes No

If yes, please answer the following questions:

What is the event date? _____

What is the event title? _____

What is the event theme? _____

When do you want publicity to begin? _____

DO YOU NEED INFORMATION ADDED TO THE WEBSITE IN COORDINATION WITH THIS PROJECT?

- Yes No

If you have any questions about this form,

please call the Director of Marketing and Communications at 279-5405 or email marketing@briarcliff.edu.