

DISTRICT/DIVISION/OFFICE _____ DATE OF REQUEST _____

ADDRESS / BUILDING _____

CONTACT PERSON _____

PHONE _____ FAX _____

E-MAIL _____

AUTHORIZED BY _____

PROJECT START DATE _____ PROJECT END DATE (DUE DATE) _____

PRINTING? (CHECK ONE) YES NO

PROJECT NAME _____

DESCRIPTION _____
_____**PROJECT TYPE (CHECK ONE)**

NEWSLETTER

BOOKLET

FLYER

MARKETING/PR

BROCHURE

CATALOG

CERTIFICATE

EDUCATIONAL SUPPORT

CALENDAR

POSTER

PHOTOGRAPHY

GRANTS RESEARCH

CARD

PRESS RELEASE

OTHER (DESCRIBE) _____

EVENT COVERAGE

DATE _____ TIME (TIME SPAN OF ATTENDANCE?) _____

LOCATION (ADDRESS) _____

EVENT CONTACT NAME _____ CELL# _____

TYPE OF COVERAGE (CHECK ONE)

PHOTOS

INTERVIEW

BOTH

OFFICE USE ONLY

ASSIGNED TO _____ DATE _____