

# 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 Mandie Mayo, Director of Marketing and Communications at 279-5405 or email [marketing@briarcliff.edu](mailto:marketing@briarcliff.edu).