

# Marketing & PR Services Request Form

Approval by leadership is required. Please complete this form entirely. Upon submission of the completed form, a PR representative will contact you to set up a time to meet to discuss all of the pertinent information to make this event successful. Please turn in your request to Kristi Davis, or Georgette Washington. We request at least a **3-6** month advance notice for any event. If less notice is given, we will do our best to accommodate your needs depending upon current workload.

<b>MINISTRY NAME:</b>			
<b>CONTACT PERSON:</b>			
<b>E-MAIL ADDRESS:</b>			
<b>TODAY'S DATE:</b>			
<b>INTENDED AUDIENCE:</b>			
<b>REQUEST TYPE (PLEASE CHECK ALL THAT APPLY)</b>			
<input type="checkbox"/> Design	<input type="checkbox"/> Editing	<input type="checkbox"/> Printing	<input type="checkbox"/> Writing
<b>TYPE OF PROJECT:</b>			
<input type="checkbox"/> Booklet, Handout, Manual	<input type="checkbox"/> Brochure	<input type="checkbox"/> Announcement	<input type="checkbox"/> Certificate
<input type="checkbox"/> Power Point Presentation	<input type="checkbox"/> Bio	<input type="checkbox"/> Flyer	<input type="checkbox"/> Form
<input type="checkbox"/> Invitation	<input type="checkbox"/> Letterhead	<input type="checkbox"/> Logo	<input type="checkbox"/> Map
<input type="checkbox"/> Ministry Newsletter	<input type="checkbox"/> Outreach card	<input type="checkbox"/> Permit/Pass/Tickets	<input type="checkbox"/> Postcard Mailer
<input type="checkbox"/> Press release	<input type="checkbox"/> Print Ad	<input type="checkbox"/> Radio Ad	<input type="checkbox"/> Schedule of Classes Ad
<input type="checkbox"/> Raffle Tickets	<input type="checkbox"/> Business Card	<input type="checkbox"/> Letter/Memo	<input type="checkbox"/> Other: _____
<b>INFORMATION: Please provide as much information as possible about your project (Including WHO, WHERE, WHEN, WHAT, and WHY)</b>			
<b>ADDITIONAL INFORMATION:</b>			
Goal date for completion of the project:			
What is the best time to contact you?			
How do you prefer to be contacted:			
<input type="checkbox"/> Home Phone #:	<input type="checkbox"/> Cell Phone #:	<input type="checkbox"/> E-mail:	
<b>ATTACHMENTS/ENCLOSURES (Please List):</b>			