

MARKETING REQUEST FORM



Point of Contact Name:	Point of Contact Email:	Office/Facility:
Phone Number:	Date Submitted:	Date Needed:
Name of Event/Activity:	Event Date, Time, & Location:	
Event Details:	WITHIN 90 DAYS OF EVENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marketing Services Needed:		
<input type="checkbox"/> Large Posters (22" x 28")	<input type="checkbox"/> Brochures	<input type="checkbox"/> Reprints
<input type="checkbox"/> Medium Posters (11" x 17")	<input type="checkbox"/> Business Cards	<input type="checkbox"/> Specialty Orders by Request
<input type="checkbox"/> Signs (8.5" x 11")	<input type="checkbox"/> Foamboard Posters	<input type="checkbox"/> Table Toppers
<input type="checkbox"/> Flyers (5.5" x 8.5")	<input type="checkbox"/> Lamination	<input type="checkbox"/> Other (Please Specify)
Publicity Needed:	Item Quantities:	Additional Info:
<input type="checkbox"/> Dover FSS Website		
<input type="checkbox"/> E-Screens		
<input type="checkbox"/> Social Media		
<input type="checkbox"/> Textline		
<input type="checkbox"/> Weekly E		
<input type="checkbox"/> Other (Please Specify)		
<input type="button" value="Reset Form"/>	<input type="button" value="Save Form"/>	