

Multimedia Project Request Form

This form will help us understand and fulfill your multimedia project objectives and creative needs. Submitting the information requested will greatly help us accommodate requests.

CONTACT INFORMATION

Date of Request:

Requestor name:

Organization:

Project Leader:

Work phone: Mobile phone:

Email:

BACKGROUND INFORMATION

Project Title:

Topic *(Explain the topic in detail. Please avoid acronyms):*

Project Type *(select all that apply):*

<ul style="list-style-type: none">• Video• Animated Infographic• Custom Animation• Still Photography• Explainer Video	Branding <ul style="list-style-type: none">• Logo Design• Brochure / Booklet Design• Pamphlet Design• Display Signage	Event Materials <ul style="list-style-type: none">• Event Signage• Poster Design• PowerPoint Layout• Tradeshow Display
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Key Project Details *(including proposed timeline):*

Describe Vision (*animated infographic, patient education video, etc.*):

Audience:

Presentation Plan (*individually, group meeting, event and/or social platforms*):

Content Experts Available:

Describe Approval Process:

Requested Completion Date:

Has a budget been allotted? Yes

If yes, please specify amount:

Please return this completed form to the Kathleen McDonald (kmcdonald@contrastcreative.com).
Please include any support materials.