

# MARKETING REQUEST FORM



<b>Point of Contact Name:</b>	<b>Point of Contact Email:</b>	<b>Office/Facility:</b>
<b>Phone Number:</b>	<b>Date Submitted:</b>	<b>Date Needed:</b>
<b>Name of Event/Activity:</b>	<b>Event Date, Time, &amp; Location:</b>	
<b>Event Details:</b>	<b>MUST BE SUBMITTED 90 DAYS IN ADVANCE</b>	
<b>Marketing Services Needed:</b>		
<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)
<b>Publicity Needed:</b>	<b>Item Quantities:</b>	<b>Additional Info:</b>
<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)		
<b>Reset Form</b>	<b>Save Form</b>	