Today's Date:

____ / ____ / ____

I have read and agree to the ASI MDPR "Terms and Conditions."

X ______________________________
Customer/Requestor Signature

X ______________________________
Advisor/Supervisor Signature

Creative Request

WE REQUIRE A **MINIMUM** OF 4 WEEKS FOR PRODUCTION TIME PRIOR TO THE PROJECT DEADLINE DATE. PRODUCTION TIME STARTS AFTER WE RECEIVE YOUR APPROVAL OF THE QUOTE.

CLIENT INFORMATION

Contact Name: ______________________________

Billing Contact/Advisor: ______________________________

Additional Contacts: ______________________________

Organization: ______________________________

Phone #: ______________________________

Email: ______________________________

Account #: ____________________ P.O. #: __________

DESIRED DEADLINE DATE: ______ / ______ / ______

PROJECT / EVENT DESCRIPTION

Title: ______________________________

Date: ______________________________

Time: ______________________________

Location: ______________________________

Additional Notes:

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(Feel free to write on the back if you need to!)

ADVERTISING MEDIUM

(______) 1/4 Page Handbills

(______) 4x6 Table Tents

(______) Postcards ☐ 4x6 ☐ 5x7

(______) 8.5x11 Flyers

(______) 11x17 Posters

(______) 11x17 Staking Posters

(______) 22x28 Posters

(______) 40x23 Marquee (ASI Only)

(______) Vinyl Banner ______ × ______ (size)

(______) Wooden Stakes

(______) Plastic Sleeves

☐ E-Marquee (*We design it, you submit it!*)

☐ Other: ______________________________

____

STAKING KIT RENTAL

☐ Includes Staple Gun, Mallet and Two Pairs of Gloves

(*Student I.D. Required for Rental*)

T-SHIRT ART SPECIFICATIONS

We require an additional 2 weeks for production time on t-shirt orders making a total of 6 weeks to complete your order. Production time starts as soon as the artwork has been approved by you.

Size Breakdown:

(___) Small

(___) Medium

(___) Large

(___) X-Large

(___) XX-Large

Total: ______

Artwork Placement:

☐ Front

☐ Back

☐ Sleeve Other: ______________

T-shirt Color: ______________

Artwork Colors:

______________ ______________

THIS SECTION FOR OFFICE USE ONLY

Job Number : __________ **Assigned Designer :** __________

Date Assigned : ________ **First Contact with Client:** ________

BILLING: Internal / External

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1st Approval:

2nd Approval:

Subtotal:

Tax:

Design Time:

Total: