

Name				Phone		
Department			Email _	Email		
Project Title _						_
Submission Date			Deadline			
· All copy sl	nould be proof ust be of quali	ed for correct spell ty suitable for use v	ing, grammar, and pun vith minimal image pro	ctuation prior to ocessing.		
Graphic D	esign Request		ive or uploaded to the	CUMMUN drive	in the folder named	_
☐ Marketing campaign*		☐ Flyer	☐ Banner	☐ Certificate/Award		
☐ Advertisement		☐ Poster	☐ Graphic/Logo	☐ Letterhead		
☐ Postcard		□ Brochure	☐ Promotional	item 🗆 Pamphlet/Handout		
☐ Invitation		□ Booklet	□ Decal	☐ Other		
☐ Program		□ Envelope	☐ Signage			
SIZE (width x	length)	ORIENTATION	REQUESTS	FORMAT	TARGET AUDIENCE	
□ 4x6	□ 11x17	\square Landscape	\square Single-sided	\square .pdf	☐ Staff	
□ 5x7	□ 12x18	☐ Portrait	\square Double-sided	\square .jpg	\square General public	
□ 8.5x11	\square Other	L P	\square Full bleed	\square .eps	☐ Legislature	
			\square Card stock	\square .png	☐ Other	_
PROJECT DES	CRIPTION					
Write a brief description about the project, including dates, text, content, theme, emphasis, goals/objectives, ad specs (sizes), etc.				A PDF of the finished design will be sent by email for proofing of copy, layout, and content. Please attempt to make all edits at one time. Check your proof carefully for		

by email for proofing of copy, layout, and content. Please attempt to make all edits at one time. Check your proof carefully for errors and omissions (content, spelling, addresses, dates, phone numbers, photos, sizes). There are two options for approval. APPROVED to produce, and APPROVED to produce with noted corrections. Once approved, no additional edits will be made. If a third proof is required, a follow-up meeting will be scheduled to discuss project progression and direction.