

JOB REQUEST for Writing

We will schedule your job when we receive this completed request form. You will then be contacted by one of our writers.

Marketing & Communications Office

1305 Linden Drive, 3rd floor, 262-2723

Fax: 265-4555

JOB NAME _____

Date Form Submitted _____

Department _____

Client _____

Program Date _____

Address/phone _____

Send proof to/contact:
(if different than above) _____

Due Date _____

I am requesting the following

Writing	Other Services
<input type="checkbox"/> Article (2 page, 500+ words)	<input type="checkbox"/> Mail Plan
<input type="checkbox"/> Calendar Submission (50-100 words)	<input type="checkbox"/> Market Research
<input type="checkbox"/> E-mail (1/2 page, 100-250 words)	<input type="checkbox"/> Marketing Plan Development
<input type="checkbox"/> Marketing Copy (ad, brochure, etc.)	<input type="checkbox"/> Photography
<input type="checkbox"/> Media Advisory (1/2 page, 100-300 words)	<input type="checkbox"/> Other _____
<input type="checkbox"/> News Release (1 page, 250 words)	_____
<input type="checkbox"/> Web copy	_____
<input type="checkbox"/> Other _____	

Distribution	Publication/Design work needed
<input type="checkbox"/> Send to client above	To schedule publication or design work, please submit a Job Request for Publications/Design form.
<input type="checkbox"/> Send to media:	<input type="checkbox"/> Already scheduled. Job number (if known): _____
<input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> TV	<input type="checkbox"/> Not yet scheduled.
<input type="checkbox"/> Other _____	<input type="checkbox"/> Send job request form to (if different than client): _____ _____
Business/Name _____	
Address _____ _____	
E-mail: _____	
Telephone: _____	
Fax: _____	
	Job Request forms can be found at: http://www.dcs.wisc.edu/about_us/mac.htm