



UNIVERSITY PUBLICATIONS

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project request form

Please complete and return this form to CPO #3000. Once completed, please call our office to schedule a meeting to discuss your project.

(USE FOR BOTH PRINT- AND ELECTRONIC-BASED PROJECTS.)

1. TODAY'S DATE:
2. PROJECT NAME:
3. DESCRIPTION OF PROJECT:
4. PROJECT'S PURPOSE/DESIRED OUTCOMES:
5. QUANTITY TO PRINT:
6. WILL THIS PROJECT INCLUDE INSERTED PIECES OR PERFORATED PIECES, SUCH AS REPLY CARDS OR ENVELOPES?
NO / YES, IT WILL INCLUDE:
7. WHO WILL RECEIVE THIS PIECE? WHO IS THE AUDIENCE/DEMOGRAPHIC?
8. WHAT/HOW MUCH COPY WILL CLIENT PROVIDE? DATE WHEN CLIENT WILL PROVIDE **ALL** COPY:
9. PHOTOGRAPHY NEEDED? IF YES, BUDGET FOR PHOTOGRAPHY; DATES/TIMES OF PHOTOGRAPHY; PHOTOS NEEDED:
10. ACCOUNT(S) TO PAY FOR PRINTING, MAILING, ETC.:
11. DEADLINE (DATE PROJECT SHOULD BE DELIVERED/MAILED BY):
12. WILL THIS PROJECT REQUIRE MAIL HANDLING SERVICES? YES / NO
IF YES, HOW MANY WILL BE MAILED FROM THE MAILHOUSE?
IF YES, WHAT RETURN MAIL CODE TO USE? RETURN SERVICE / ADDRESS SERVICE / CHANGE SERVICE
IF YES, WHO WILL PROVIDE DATABASE/MAIL LIST?
13. BUDGET FOR PRINTING AND MAILING (DOES NOT INCLUDE POSTAGE): \$
14. CONTACT(S)/CLIENT(S) FOR THIS JOB: (PLEASE LIST EVERYONE INVOLVED IN REVIEW/APPROVAL.)
15. CONTACT/CLIENT SIGNATURE: _____