GRAPHCIC DESIGN REQUEST FORM

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Office Hours: MWF 8:00am-12:00pm
Tuesdays 2:00-4:30pm

Basic Information

Name:

Phone Number:

Email:

Who Needs to Approve This:

Program Information

Date:

Time:

Location:

Program Title:

Other Text:

Description of Program:
**Project Information**

Project Deadline (please allow me at least 2 weeks):

Color Scheme, or Black and White:

Number of copies:

Desired size of project:

Distribution Size:

Printing Method/budget:

Additional Design input: