

Account: \_\_\_\_\_  
 Est. Cost: \_\_\_\_\_  
 Actual Cost: \_\_\_\_\_

TAMHSC College of Medicine  
 Office of Institutional Advancement  
**Publication/Communication  
 Project Request**

Date Received: \_\_\_\_\_  
 Coordinator: \_\_\_\_\_

This is the first step in the production process for any communication material. For projects with multiple pieces (brochure, poster, etc.), use one Project Request for each piece. Please fill out this form completely. Production will begin when all information is received as requested below. If you are requesting a publication to be reprinted, attach a copy of the requested item(s) marked with changes. Please type or print clearly in ink.

Name of project: \_\_\_\_\_

Requested by: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Dept., Center or Campus: \_\_\_\_\_ Date: \_\_\_\_\_ Date needed: \_\_\_\_\_

<b>On track?</b> Check all that apply.	<input type="checkbox"/> Mission	<b>Values</b>	<input type="checkbox"/> Respect	<input type="checkbox"/> Achievement	<input type="checkbox"/> Diversity	<b>Priorities</b>	<input type="checkbox"/> Primary Care/ Rural Medicine	<input type="checkbox"/> Financial Stability
	<input type="checkbox"/> Vision		<input type="checkbox"/> Integrity	<input type="checkbox"/> Accountability	<input type="checkbox"/> Transparency		<input type="checkbox"/> Teaching & Learning	<input type="checkbox"/> Interdiscip. Research
			<input type="checkbox"/> Creativity	<input type="checkbox"/> Service			<input type="checkbox"/> Diversity	

**Publication/Communication Information**

(Check boxes that apply. Write "NP" if no preference for color, paper, etc.)

Type of item requested: \_\_\_\_\_

Quantity: \_\_\_\_\_ Size or Word Count: \_\_\_\_\_ Ink color: \_\_\_\_\_  Design needed?  Print two-sided?

Paper color: \_\_\_\_\_ Paper description: \_\_\_\_\_

Reprint, no changes  Changes marked on attached sample  New text provided (via email & attached)  New text needed

Special instructions: \_\_\_\_\_

**Delivery/Distribution**

Delivery location: \_\_\_\_\_

The contact person designated on this form will be notified concerning delivery or pick-up.

OIA use only.

<input type="checkbox"/> Facebook status update	<input type="checkbox"/> Website Profile	<input type="checkbox"/> Pitch to System <i>Quest</i>
<input type="checkbox"/> Dean's E-News	<input type="checkbox"/> Pitch to HSC <i>Pres' Memo</i>	<input type="checkbox"/> Media Advisory
<input type="checkbox"/> TAMHSC News	<input type="checkbox"/> Pitch to HSC <i>Pulse</i>	<input type="checkbox"/> Press Release

**Binding/Other**

**Fold:**  Single  Letter  Tri-Fold  Other \_\_\_\_\_

**Staple:**  Saddle  Side  Corner  Other \_\_\_\_\_

**Bind:**  Spiral  Comb  Tape  Wire-o  Other \_\_\_\_\_

**Special:**  Perforate  Pad Sheets per pad: \_\_\_\_\_  Other \_\_\_\_\_