Request for Publication

Please use this form to initiate the production of all publications, whether it is a new publication or revisions to an existing publication. This form will help us identify the objectives of the project, the audience, time frames, budget, etc.

Project name: __________________________
Client: __________________________
Office: __________________________
Phone #: __________________________ Fax #: __________________________
E-mail address: __________________________
Office address: __________________________
Cost center: __________________________
Budget allocated for project: __________________________
Quantity needed: __________________________

NEW PROJECT: Please provide text on disk or send as an e-mail attachment (body Word documents or “text only” files will be accepted). Also, provide a hard copy of text. Text will be copy edited by one of our writers to ensure it meets University style and standards. The Publications Guidelines and Stylebook and also conforms to established SRU branding guidelines.

REVISION: Please attach sample with revisions indicated. If revisions are extensive, provide text in formatted list format.

CONSULTATION NEEDED: Yes No

TYPE OF PUBLICATION and SIZE:
☐ Brochure ☐ Invitation ☐ Poster
☐ Booklet ☐ Postcard ☐ Form
☐ Flyer ☐ Newsletter ☐ Ad
☐ Other

PURPOSE OF PUBLICATION:
☐ Recruiting ☐ Advertise special event
☐ Fundraising ☐ Provide information
☐ Other

INTENDED AUDIENCE:
☐ Prospective Students ☐ Alumni
☐ Current Students ☐ Parents
☐ Faculty/Staff ☐ Other

DETAILS:
☐ WRITING:
Do you require writing services? Yes No
Text must be proofed and approved BEFORE design begins.

☐ PHOTOGRAPHY:
Supplied by client Digital (Must be high resolution, unedited digital files)
☐ Traditional photos and/or slides
☐ Other

☐ DESIGN:
Style: What type of look do you want?
☐ Traditional ☐ Contemporary ☐ Formal
☐ Other

Samples of publications that you like or don’t like are useful for achieving your desired look.

☐ NO. OF INK COLORS:
☐ Black ☐ 1 color ☐ 2 colors ☐ Full color

DATES:
☐ Date event (if applicable): __________________________
☐ Date delivery of printed materials needed: __________________________

MAILING*:
☐ Self-mailer ☐ Publication will be placed in an envelope
☐ Bulk rate ☐ 1st class
☐ On campus only ☐ No mailing necessary

*Rush service is based on publishers’ availability. Turnaround time may vary.

*Client is responsible for contacting Printing Services to arrange for mailing services, timeframes for printing and mailing, and discussions of mailing lists.

FOR OFFICE USE:
☐ Job Number: __________________________
☐ Date Received: __________________________
☐ Date Needed: __________________________

FOR OFFICE USE:
☐ FAX: 724.738.4761
☐ 201 Old Main
☐ Slippery Rock University

FOR OFFICE USE:
☐ Designer: __________________________
☐ Back up files: __________________________
☐ Follow up:
☐ Proof from printer:
☐ Samples received:
☐ CD returned from printer:
☐ Materials returned to client:
☐ Back up files:
☐ Final product:
☐ Reprint optional:
☐ Quantity:
☐ Price:
☐ Other

FOR OFFICE USE:
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