YOUR COMP	ANY ADDRESS AND PH	ONE NUMBERS GO HERE.	Design Que	estionnaire uestionnaire only!
Contact Person:			Job #:	
Phone:	Fax	с	Sales Rep:	Designer:
Address:			Project Title:	
City:	Sta	tte: Zip:	Today's Date:	
Email:	We	eb Site:	Proof Date:	Due Date:
PROJECT DESCRIP	TION AND QUESTIONS:	(ATTACH PAGES AS NEEDED)		
PROJECT PURPOSE				
AUDIENCE:				
AODIENCE.				
TYPE OF SERVICE:	GRAPHIC DESIGN	INVENTIVE/PRODUCT DESIGN	MARKETING/BRANDII	
☐ Logo Design☐ Brochures	CD Covers Other	Auto CAD Pantent/Trademark		☐ Floor Plans☐ CAD Elevations
☐ Fliers ☐ Posters	☐ T-shirt Graphics☐ Package Design	☐ Toy Design ☐ 3D Rendering/ ☐ Product Design ☐ Other	Retail Design Exhibit Design	Full Branding PackageOther
PROJECT DETAILS AND SERVICES NEEDED:				
1				
MEDIA DESIGN:		Animation ☐ Video Presentation ☐ Advance Po	ower Point Presentation	
MEDIA DESIGN:	☐ Website Design ☐ Logo	Animation	ower Point Presentation	
		Animation Video Presentation Advance Po		TERMS ATTACHED)
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PLEASE PRESS THE EMAIL BUTTON TO SUBMIT YOUR ORDER. ALSO PRINT A COPY FOR YOUR RECORDS