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| Contact Information | |
| Marketing Strategist Name: |  |
| Phone Number: |  |
| Email Address: |  |
| Budget + Timeline Information | |
| Budget: |  |
| Plan Due Date:  *(Please allow 2 weeks for vendor research, planning, approvals and placement).* |  |
| Flight Dates (Start/End Dates): |  |
| Are creative services needed? (If yes, please provide details) |  |
| Do you have a related work request in queue? If so, provide the request # from your email receipt. |  |
| Planning Information | |
| What service are you looking to promote? |  |
| What is the overall objective or Call to Action? (raise awareness/increase call volume/schedule appointment/etc.) |  |
| Who is your target audience/demographic? (Gender/Age/Other Factors to consider) |  |
| What is the geographic target? (50 mile radius/specific zip codes or counties) |  |
| Advertising Media to Consider :(TV/Radio/Online/Outdoor/etc) |  |
| Campaign Goals | |
| What is the conversion point? (Engagement, Clicks to Site, Impressions) |  |
| What end results are you looking for? (Deposit, Donation, Attendance, Graduation) |  |
| What are Key Performance Indicators: (Money in the bank, Enrolled student, Diplomas printed) |  |
| Billing Information | |
| Billing Department: |  |
| Billing Email Address (if different than the Division of Communications and Marketing): |  |
| Special Billing Instructions: |  |

Signature

By signing above I acknowledge that I have provided accurate and complete information.