Contact Information:
Name: __________________________  Office/Organization: ______________________  Phone: ______________________
Email: __________________________  Date: ________________________________

Working Title of Video Project: ________________________________________________
Briefly describe your video project:

What are the intended uses for this Video Project? Check all that apply:
  ____ Instructional  ____ Advertising  ____ Broadcast  ____ Marketing /PR/Promotional  ____ Recruitment

Pre-Production/Production needs:
  Shooting location(s) if applicable: _______________________________  Date(s): __________
  Do you have or require a script?  Yes / No  Do you have a shooting schedule?  Yes / No

Post –Production needs (check all that apply):
  □ Archive: Non edited footage straight to a DVD  □ Rough cut: Editing of video without titles and graphics
  □ Full Edit: Editing of video with titles and graphics

How many copies of the Video Project will be required and in what format?
  ____ DVD  ____ CD  ____ Other (please explain)

Where will the Video Project be shown?
  □ Web Site (please specify)  □ On-Campus (please specify where)  □ Off-Campus  □ Archives  □ Other: ______

What is the intended length of Final Video Project?
  ____ 30 Seconds  ____ 60 Seconds  ____ Minutes (write in number)  ____ Hours (write in number) ______

Please check the boxes and sign below
  □ I acknowledge that change orders, added shooting, lengthy editing sessions, or a change in the number of copies for distribution will affect
    the deadline and final cost of this Video Project.
  □ If funding is needed, I have a funding source identified and any extraordinary costs and those costs beyond the scope of services
    traditionally provided free-of-charge by Educational Technology Services. (PLEASE NOTE: Before any work begins, an estimate of charges
    will be provided to Budget Manager/Contact Person for approval.

Client Signature: ________________________________________________________________

Educational Technology Services Manager: __________________________________________

Senior Director of Communications: ______________________________________________

EMAIL completed form with client signature to egwynn@agnesscott.edu or call x6313 with questions.