



FAMILY AND MORALE, WELFARE AND RECREATION PROGRAMS MARKETING REQUEST

PROGRAM _____ EMAIL _____ DATE RECEIVED _____
 MANAGER/POC _____ PHONE # _____ FINAL PRODUCT DATE _____

NAME OF EVENT _____
 EVENT DATE(S) _____
 RAIN DATE(S) _____
 TIME _____
 COST(S)/PRICE(S) _____
 LOCATION _____

EVENT DESCRIPTION/OVERVIEW
(PROVIDE A BRIEF DESCRIPTION OF THE EVENT/PROGRAM. INCLUDE ADDITIONAL TEXT AS IT SHOULD APPEAR ON THE FINAL PRODUCT. ATTACH ADDITIONAL PAGES IF NEEDED.)

SPONSORSHIP REQUESTED?
 YES NO
 WHERE TO REGISTER _____
 REGISTRATION DEADLINE _____
 EVENT CONTACT NAME _____
 EVENT CONTACT PHONE/EMAIL _____
 WHO IS THE EVENT OPEN TO?
 ACTIVE DUTY
 AGE 18+
 CHILDREN
 DOD ID CARDHOLDERS
 PUBLIC
 OTHER _____

INFORMATION FOR GRAPHICS

(USE THE AREAS BELOW TO INDICATE PRINTED MATERIALS BEING REQUESTED.)

PRINTED MATERIAL

(ENTER QUANTITY, THEN SELECT PAPER SIZE AND FINISH FOR EACH ITEM NEEDED.)

QUANTITY	PRODUCT	FINISH

SPECIALTY ITEMS

(SOME OF THESE ITEMS MUST BE SENT TO AN OUTSIDE PRINTER, AND WILL REQUIRE MORE PRODUCTION TIME.)

BOOKLET* QUANTITY _____
 BROCHURE* QUANTITY _____
 CERTIFICATES QUANTITY _____
 COUPONS PASSES QUANTITY _____
 BUSINESS CARDS QUANTITY _____
 TICKETS QUANTITY _____
 MWR BUCKS QUANTITY _____
 FAREWELL POSTER QUANTITY _____

ADDITIONAL PRINT/SHIPPING INSTRUCTIONS*
(PLEASE INDICATE SIZE, BI-FOLD OR TRI-FOLD, AND/OR NUMBER OF PAGES HERE.)

This is a large event for over 300 attendees. I would like to discuss having maps at the event during consultation.

Email to:

usarmy.schofield.id-pacific.mbx.dfmwr-marketing@army.mil

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