FAMILY AND MORALE, WELFARE AND RECREATION PROGRAMS

MARKETING REQUEST

PROGRAM MANAGER/POC _____ EMAIL _____ PHONE # _____ DATE RECEIVED 16 October 2024 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
	24x36 POSTER	
	1/2 PAGE HANDOUTS	
	11x17 POSTER	
	NONE	
	NONE	
	NONE	

☐ This is a large event for over 200 attendees. I would like to discuss having maps at the event during consultation.

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/CERTS QUANTITY _____
- ☐ BUSINESS CARDS QUANTITY _____
- ☐ TICKETS QUANTITY _____
- ☐ _____ QUANTITY _____
- ☐ _____ QUANTITY

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

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

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Revised 01NOV2023

FOR **SOLDIERS** FOR **FAMILIES** FOR **RETIREES** FOR **CIVILIANS**