

# DESIGN IT

## REQUEST FORM



\*Required

Project Title:\*

Today's Date:\*

Project Type:\*

Name:\* Phone Ext:\*

What company is this for:\*

Email:\*

☐ Gordon Marketing ☐ Lifetime Medicare Advisors

Supervisor:\* Phone Ext:\*

☐ Medigap Central ☐ Other

Final Deadline:\*

Target Audience: ☐ Agents ☐ Clients ☐ Other

Description of the Project:\*

Artistic Discretion: ☐ Be Creative ☐ Follow A Supplied Example:

Do you have a Rough Draft? ☐ Yes ☐ No (If the answer is "Yes" please attach a copy of your Rough Draft)

Graphic Suggestions: ☐ Yes ☐ No (If the answer is "Yes" please provide suggestions in the box below)

### Additional Logos

Company Name:

Did you supply the logo? ☐ Yes ☐ No

Company Name:

Did you supply the logo? ☐ Yes ☐ No

Company Name:

Did you supply the logo? ☐ Yes ☐ No

### \*\*FOR IT DEPARTMENT USE ONLY\*\*

Project Assigned To: First Draft Due Date: Completion Date:

Deadline for Approval: Date Approved: Approved By:

Final Due Date: Date Approved: Approved By: