

Press Questionnaire

Company Name:

Contact Person:

Phone:

Fax:

Address:

City:

State:

Zip:

Email:

Web Site:

Videographer:

Host:

Photographer:

Today's Date:

Proof Date:

Due Date:

PROJECT DESCRIPTION AND QUESTIONS: (ATTACH PAGES AS NEEDED)

PROJECT PURPOSE AND BUDGET:

AUDIENCE:

TYPE OF EVENT:

EVENT DETAILS AND SERVICES NEEDED: (ATTACH PAGES AS NEEDED)

LOCATION:

START AND END TIME:

PARKING INSTRUCTIONS AND COMP?

PROOFING MEDIA: ☐ Raw Files ☐ Editing ☐ Transcoded ☐ Digital Format MP4 ☐ DVD ☐ Other

Bring Hard-drive for Raws files or small fee for online media transfer.

PAYMENT INFORMATION ☐ Cash ☐ Check ☐ Mailed Check ☐ App ☐ Online Method ☐ Paypal

☐ 50% Deposit:
☐ Full Payment within 15 Days

DELIVERY INSTRUCTIONS:

(INCLUDE SHIPPING ADDRESS OR EMAIL ADDRESS)

I HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS AGREEMENT AS IT APPLIES TO THIS PROJECT DESCRIBED IN THIS DOCUMENT

CLIENT NAME: _____ SIGNATURE: _____ DATE: _____ MANAGER SIGNATURE: _____