

Request For Promotional Services

Texas Southern University
Institutional Advancement
Office of Communications
& University Relations

DATE: _____

PERSON SUBMITTING REQUEST: _____

TITLE: _____

OFFICE/DEPARTMENT: _____ EXTENSION: _____

DATE REQUESTED: _____

DATE NEEDED: _____

CONTACT PERSON: _____

WHAT IS (ARE) YOUR NEED(S)? (CHECK AS MANY AS APPLY)

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> NEWS RELEASE | <input type="checkbox"/> SLIDES | <input type="checkbox"/> PRINTING SUPERVISION |
| <input type="checkbox"/> FEATURE STORY | <input type="checkbox"/> POSTER | <input type="checkbox"/> SCANNING |
| <input type="checkbox"/> COLOR PRINTS | <input type="checkbox"/> BROCHURE | <input type="checkbox"/> REVIEW/EDIT MATERIAL |
| <input type="checkbox"/> SLIDES | <input type="checkbox"/> FLYER | <input type="checkbox"/> ART DIRECTIONS |
| <input type="checkbox"/> PROGRAM | <input type="checkbox"/> RADIO | <input type="checkbox"/> PUBLIC SERVICE |
| <input type="checkbox"/> B&W PRINTS | <input type="checkbox"/> COMMITTEES | <input type="checkbox"/> ANNOUNCEMENT |
| <input type="checkbox"/> INVITATIONS | <input type="checkbox"/> NEWSLETTER | <input type="checkbox"/> DIRECT MAIL |
| <input type="checkbox"/> TICKET LAYOUT | <input type="checkbox"/> STATIONERY | <input type="checkbox"/> OTHER |

DISAPPROVED APPROVED

REASONS: _____
