

CMCSS Video Production Work Order

Work Order # _____

Lead Time: Two Weeks (minimum)

Questions? Contact: zachary.whitaker@cmcss.net

Project Title _____

Date Submitted _____

Department or Program _____

Contact Name _____

Ext. _____

Email _____

Date _____

Location _____

Time: Start _____

End _____

Subject

Who is your audience? _____

What is your message/purpose?

What production work do you need?

Promotional

Training/Staff Development

Special Event

Documentary

Newsworthy Feature

Audio Only

Other _____

How will this be viewed?

Web

DVD (number of copies _____)

Deadline for completion? _____

Would you like to schedule a consultation or meeting?

Yes

No

Do you need writing/scripting assistance with this project?

Yes

No

Please provide a brief description:
