



VIDEO PRODUCTION REQUEST FORM

2901 W Kinnickinnic River Pkwy, Suite 311 • Milwaukee, WI 53215
Kate Baker (414) 385-2384 • kbaker@webcme.net

Name: _____ Email Address: _____

Company: _____

Phone Numbers: Work: _____ Cell: _____

Date Requested: _____ Project Deadline: _____

PROJECT INFORMATION (Please provide the following)

Project Description/Subject Matter: _____

Objective: _____

Target Audience: _____

Length of Project/Video: _____

Final Output Medium: DVD File (File Format/Extension: _____)

Script: **(Please attach)** (You are responsible for the Script)

Photos (Method Provided): Email CD None Hard Copies

Images (Method Provided): Email CD None Hard Copies

Musical Accompaniment
(Method Provided): Email CD None

Narrators: _____

Misc. Footage (other than video shot by WebCME): _____

Media Production Days are Monday-Friday. We need all of this information filled out to the best of your abilities in order to process this request. Please attach all of the project information. We are willing to discuss this request form to help you accumulate the information needed. It is important for our team to receive this request in a timely manner. A few weeks are needed to fulfill your request. Videos are done on a first come first served basis.

Fax completed forms to (414) 385-8721 Attn: Kate Baker or e-mail kbaker@webcme.net