
Video/Post Production Service Request Form (C)

Client Name(s): _____

Company/Organization: _____

Briefly Describe your Concept/Project: _____

Production Type:

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Web-based Video Marketing | <input type="checkbox"/> Interview |
| <input type="checkbox"/> Exhibition/ Event Coverage | <input type="checkbox"/> Training & Support | <input type="checkbox"/> Other |

Requested Shoot Date(s): _____

What is your estimated budget? _____

Anticipated Video Duration: _____

Intended Audience? _____

Do you require any additional services such as:

Hair & Makeup (Relationship Referral) YES NO

Craft Services? YES NO

Post Production Services Requested?
YES NO

POST PRODUCTION

Requested Completion Date: _____

Viewing Platform:

- | | | |
|------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Web | <input type="checkbox"/> Television | <input type="checkbox"/> DVD/Blu-Ray |
|------------------------------|-------------------------------------|--------------------------------------|

Do you require any additional services such as:

Motion Graphics	YES	NO
Professional Audio (Scoring, Mixing, Sound FX, etc.)	YES	NO

Please copy/scan this form and send it to MelasMedia@gmail.com and a representative will contact you promptly. If you have any questions please give us a call at (866) 874-7955, send us an email, or you may contact your project manager directly.

Thank you for choosing Melas Media!