

Build My Brand™ Promotional Planning Inquiry Form

COMPLETE THIS FORM AND FAX IT TO US AT (616) 855-1749

EVENT DESCRIPTION

Business-to-Business Business-to-Consumer Internal

Schedule Date of event/program launch: _____ Date promotional items are needed: _____

OBJECTIVES

What are you trying to achieve?

Employees/Volunteers

- Motivate
- Improve morale/performance
- Performance rewards
- Recognition

Customers/Clients

- Thanks
- Traffic builder
- Gift with purchase
- Other: _____

Awareness

- New product launch
- Rename/reposition
- Cross/up sell

AUDIENCE

Who is your primary audience?

- | | | | |
|--|---|---|------------------------------------|
| <input type="checkbox"/> Present customers/clients | <input type="checkbox"/> Present volunteers | <input type="checkbox"/> Present donors | <input type="checkbox"/> Employees |
| <input type="checkbox"/> Prospective customers/clients | <input type="checkbox"/> Prospective volunteers | <input type="checkbox"/> Prospective donors | <input type="checkbox"/> Students |
| <input type="checkbox"/> Lost customers/clients | <input type="checkbox"/> Top volunteers _____ % | <input type="checkbox"/> Top donors _____ % | Other: _____ |
| <input type="checkbox"/> Top customers/clients _____ % | Job function or title _____ | | |

AUDIENCE DEMOGRAPHICS

Income level _____
Geography _____
Age Range _____
 Men Women
 Teens
 Other: _____

MESSAGE

What major point do you want to communicate?

THEME

Does your promotion fit any theme (i.e. safety, health, fundraising, seasonal, holiday, etc.)?

What tone would you like to project?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Exciting | <input type="checkbox"/> Informative |
| <input type="checkbox"/> Urgent | <input type="checkbox"/> Authoritative |
| <input type="checkbox"/> Factual | <input type="checkbox"/> Competitive |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Other: _____ | |

MEDIUM

What is the best way to reach your audience?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Direct mail | <input type="checkbox"/> Internet advertising |
| <input type="checkbox"/> Hand deliver | <input type="checkbox"/> Ceremonies/Events |
| <input type="checkbox"/> Phone call | <input type="checkbox"/> Trade shows |
| <input type="checkbox"/> Email | <input type="checkbox"/> Broadcast advertising |
| <input type="checkbox"/> Fax | <input type="checkbox"/> Gift with purchase |
| <input type="checkbox"/> Face-to-face | <input type="checkbox"/> Bundled with product |
| <input type="checkbox"/> Networking | |

How will the fulfillment be handled?

- Hand delivered by assigned staff members
- In-house mailroom
- Outsourced fulfillment house
- Other: _____

Are there any other sales collateral or marketing campaigns that this product must work with?

- Cover letter
- Your catalog/brochure/flyer
- Another promotional product
- Other: _____

What type of packaging do you want to use?

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Custom |
| <input type="checkbox"/> Individually wrapped | <input type="checkbox"/> Envelope |
| <input type="checkbox"/> Gift package | |
| <input type="checkbox"/> Other: _____ | |

Additional Comments: _____

