



Mercedes-Benz

# Multimedia Request Form

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Project Name: \_\_\_\_\_

Proposed Deadline Date: \_\_\_\_\_

<b>Type of Project</b>	Video Production			
	eLearning Course	Is the eLearning course required training?	Yes	No
	Live Event Recording	Date: _____	Time: _____	Location: _____

Short Description of Project:

**With any Video or eLearning production, please be aware that we cannot proceed without an MBUSI approved script.**

Additional personnel for this project:

Name	Department	Role in Project	Phone
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Requested Meeting Date:

We will contact you to confirm a meeting time and place.

