



Mercedes-Benz

Multimedia Request Form

Name: _____

Department: _____

Email Address: _____

Phone: _____

Date of Request: _____

Project Name: _____

Proposed Deadline Date: _____

| | | | | |
|------------------------|----------------------|--|-------------|-----------------|
| Type of Project | 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 |
|------|------------|-----------------|-------|
|------|------------|-----------------|-------|

Requested Meeting Date:

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

