Price Estimate Form

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| --- | --- |
| Name |  |
| Company |  |
| Address |  |
| E-mail |  |
| Tel. |  |
|  | |
| I. Type of service requested:  Newsletter  Journal article  Review article  Newspaper article  Abstract  PowerPoint slide set  Patient brochure  Patient educational materials  Scientific poster  Grant Proposal  CME questions  with explanation of answers  without explanation of answers  Needs assessment  Other – please describe: | |
| II. Topic area: | |
| III. Target audience: | |
| IV. Size of the project – please indicate the number of pages/words required: | |
| V. Are there graphics required? Yes No  If yes – who is responsible for the graphics? | |
| VI. Who is responsible for obtaining and paying for reference materials? | |
| VII. Will research materials be supplied? Yes No | |
| VIII. Deadline: | |