

STATE OF INDIANA MEDIA REQUISITION

Please return completed form to Stephanie Genrich – sgenrich@gov.in.gov – Phone 232-1012

Date:	Media Budget:
State Agency:	Creative Agency:
State Agency Contact:	Creative Agency Contact:
Phone:	Phone:
E-Mail:	E-Mail:
Campaign:	Flight Dates:
P.O. Number:	Geographic Target Areas:

- RADIO** Length of Spot:
- TV** Length of Spot:
- OUTDOOR** Size:
- TRANSIT** Size:
- NEWSPAPER** Size: # of Colors:
- MAGAZINE** Size: # of Colors:
- WEB** Please describe ad types:
- THIRD PARTY** Please describe:
- IN-STORE/RETAIL** Please describe:

PRIMARY TARGETS

Demographic	
Audience Profile	

SECONDARY TARGETS

Demographic	
Audience Profile	

CAMPAIGN OBJECTIVES

VALUE-ADDED REQUESTS – PLEASE DESCRIBE

OTHER COMMENTS/SPECIAL INSTRUCTIONS

- Traffic information attached on State of Indiana Traffic Requisition Form**
- Traffic information to be provided later**
- Traffic information not required**