

FOS Marketing Work Order Form

Staff Leader _____
Approval _____

Date: _____

Date Submitted _____

Date Needed _____

Please allow at least two weeks for production Account to charge _____

Requester _____

District Choose One _____**Product Needed:**

- ☐ FOS Event Promotion
- ☐ FOS Event Save the Date
 - ☐ FOS Event Invite
 - ☐ FOS Event Follow Up Email

Date: _____

Time: _____

Location Name _____

Location Address _____

Host _____

Attendance statement

(who will contact regarding attendance)

- ☐ A volunteer
- ☐ The host
- ☐ A table ambassador

District Executive Contact Information

cell phone _____

email _____

- ☐ Event program will be needed
- date details will be provided _____

Printing Specifications

Quantity _____