

Marketing Request Form

A proud partner of America's Tob Center	Date of Request:
Please use this form to request marketing assistance or n Department staff member will contact you in a timely ma	naterials. Complete the information below and a Marketing anner about assistance.
Name: Phone #:	Email:
Request for: (Choose Below)	
Recruitment Flyer On-Air Segments	Signage for Events Pens/Pencils Materials*
Franchise Material* Other:	
Please specify if material is AJCC or ETR in the section at the bottom	of the page with document number (ex: ETR GEN 101, AJCC TC 901)
Recruiting/Hiring Company Name:	
Supervisorial District (of Employer): District 1	District 2 District 3 District 4 District 5
Date/Time: Location of I	Event:
For <i>flyers</i> and <i>signage</i> , please include employer logo.	Logo Attached Permission
Title of Position	CalJOBS # # of Openings
Please give additional details not included above Special requirements, what to bring, how to apply (online, we	ebsite, in person), staff contact person, outreach materials etc