



THE UNIVERSITY OF  
MELBOURNE

Reference Number [Office Use Only]

# PUBLICATIONS BRIEF

Please note if your project contains more than one component please complete one form for each component.

Name of Publication \_\_\_\_\_

Publication Manager \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

Authoriser \_\_\_\_\_

Billing Contact \_\_\_\_\_

Budget / Department \_\_\_\_\_

Account

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## PRINT Specifications

Quantity \_\_\_\_\_

Finished Size \_\_\_\_\_

### COVER DETAILS

Ink Colour/s \_\_\_\_\_ pp

Stock Type \_\_\_\_\_

Colour \_\_\_\_\_ Weight \_\_\_\_\_

### TEXT DETAILS

Ink Colour/s \_\_\_\_\_ pp

Stock Type \_\_\_\_\_

Colour \_\_\_\_\_ Weight \_\_\_\_\_

Binding \_\_\_\_\_

Finishing \_\_\_\_\_

Other \_\_\_\_\_

Requested Due Date \_\_\_\_\_

## PUBLICATION Details

Purpose of Publication \_\_\_\_\_

Target Audience \_\_\_\_\_

Marketing Message \_\_\_\_\_

Style/Images/Graphics \_\_\_\_\_

office use only

## TIMELINE

Proofreading \_\_\_\_\_

Date copy to be provided \_\_\_\_\_

Draft 1 \_\_\_\_\_

Draft 2 \_\_\_\_\_

Publication signoff \_\_\_\_\_

## DELIVERY

Delivery address \_\_\_\_\_

Delivery Date \_\_\_\_\_

\* late delivery of copy will affect all subsequent deadlines including delivery of completed job

Please complete and return to Publishing Services – fax: 9349 4921