

MEDIA BRIEF

Campaign Name:	(DMC Ticket No	Date:
Partner:	(OMC Lead:	
Billing Contact		FOAP(s) & Amount Applied:	
Campaign Start/End Date:	_ Budget	Monthly/Daily Budge	et Requrements:
Landing Page URL:			
Program Description: (Provide a brief description of the project)			
Advertising Goal(s): (Generate Leads, Attend Open House, etc.)		How will success he measured?	(Conversions, RSVPs, Donations, Engagements)
Advertising Godi(s). (Generale Ledds, Attend Open House, etc.)		Trow will success be measured.	(conversions, NSV13, Donations, Engagements)
Target Audience: (Demographics, Education Levels, Field of Study,	, Work Field,	Job Title, Job Function, Skills, Years of Experien	nce)
Target Audience: (Interest, Traits & Any Other Information)			
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Geography: (Country, State, County, City, Zip)		Keywords:	
Desired/Required Media: (Digital, Social, Podcasts, Print, Radio, Ou	t-of-Home, O	ther) Budget Requirement by Vehicle/	Platform (if any)
Available Creative: (Banners (desktop, mobile), Social Media (Single I	mage, Carous	el, Text), Video (length), Radio (length, pre-recorde	ed, script), Out-of-Home (digital, static), Other)