

# Needs Analysis

Thank you for your interest in our services.

We'd like to get to know you so that we may best assist you. Please complete this *Needs Analysis* and mail to:

Stage Fright Productions  
P.O. Box 373  
Geneva, IL 60134

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Why are you producing this video? \_\_\_\_\_

\_\_\_\_\_

Who is the audience? \_\_\_\_\_

\_\_\_\_\_

What do you want the viewer to do after they watch the video? \_\_\_\_\_

\_\_\_\_\_

When do you need the program? \_\_\_\_\_

\_\_\_\_\_

How long do you think the program needs to be? \_\_\_\_\_

\_\_\_\_\_

How do you want the video to look and sound? \_\_\_\_\_

\_\_\_\_\_

How much do you know about the production process? \_\_\_\_\_

\_\_\_\_\_

Do you have a budget in mind for this project? \_\_\_\_\_

\_\_\_\_\_

Who will work on this program? \_\_\_\_\_

\_\_\_\_\_

Who has the final OK? \_\_\_\_\_

\_\_\_\_\_

E-mail address: \_\_\_\_\_

\_\_\_\_\_

Contact Phone: \_\_\_\_\_

*Thank you for your information. We will contact you soon.*