

Form Filled Out By: _____

Date of Event: _____

Video Streaming Questionnaire

Please fill out and submit with your request to meet with the ITS Media Production team.

Who is the customer, the person who will determine if the stream was effective/successful?

What is the tone desired? (the look and feel, quality of experience, timing, presentation)

What are the branding needs? _____

What production values are expected? _____

Who is the target audience, and what is the estimated size? _____

Will streaming metrics be needed (live? after the event? both?) _____

Will the audience be charged a fee to view the stream? _____

How many different streams are expected? _____

Will specialized graphics or other media be needed to play out? _____

How long is each stream session expected to last? _____

Is there the desire or need for post-video? Video on Demand CD/DVD Digital Media

Other _____

Will archiving be needed? _____

What other departments are involved (*if any*)? _____

Is this an event that requires the involvement of Broadcasting? (coordination between Broadcasting and ITS technical and production) _____

What are the minimum requirements/expectations? _____

What are the maximum requirement/expectations? _____

Is there a proposed budget for possible outside needs or wants? _____



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