

AR Experience Intake Form

Please complete ALL the fields provided to ensure a successful setup and initiation of your augmented reality project.

PROJECT INFORMATION

Target Live Date **Agent/Representative** **Company Name**
(DD/MM/YYYY)

Book Title

Author

AR Experiences

Activation Length
(from live date – 1/3/5 years)

ADDITIONAL COMMENTS

Please provide additional notes or comments to help ensure the project files are setup properly and without delay.

INSERT COMMENTS HERE

