

CLIENT INFORMATION

Author name(s):	
Book title(s):	
Deadline/ Launch Date	

AR EXPERIENCES DETAILS

How many AR experiences did you purchase?	[Enter # here]		
How many years?	<input type="checkbox"/> 1 Years	<input type="checkbox"/> 2 Years	<input type="checkbox"/> 3 Years
Is your book already published?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Is there more than one book? How Many?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# _____
If yes, do you require new images added? How Many?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# _____

YOUR AR VISION

*What is your vision for your AR Experience(s): (Animation, author video, etc.)
Please add as much detail for each experience as you can. Must be turned in 21 days prior to deadline.

Book title(s):	
Experience 1: Page # _____	<input type="checkbox"/> Animation <input type="checkbox"/> Author video <input type="checkbox"/> Other _____
Experience 2: Page # _____	<input type="checkbox"/> Animation <input type="checkbox"/> Author video <input type="checkbox"/> Other _____
Experience 3: Page # _____	<input type="checkbox"/> Animation <input type="checkbox"/> Author video <input type="checkbox"/> Other _____
Experience 4: Page # _____	<input type="checkbox"/> Animation <input type="checkbox"/> Author video <input type="checkbox"/> Other _____
Experience 5: Page # _____	<input type="checkbox"/> Animation <input type="checkbox"/> Author video <input type="checkbox"/> Other _____
What do you want the AR linked to? (Sales Page, Website, YouTube, amazon, etc.)	[Enter link here]

ADDITIONAL SERVICES

Do you need help with additional services such as animation, author video, website, sales page, YouTube, or Amazon, etc.? Please specify all service(s) needed.	<input type="checkbox"/> Animation <input type="checkbox"/> Author video <input type="checkbox"/> Website <input type="checkbox"/> Sales Page <input type="checkbox"/> Other _____
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ADDITIONAL AR EXPERIENCES

Experience 6: Page # _____	<input type="checkbox"/> Animation <input type="checkbox"/> Author video <input type="checkbox"/> Other _____
Experience 7: Page # _____	<input type="checkbox"/> Animation <input type="checkbox"/> Author video <input type="checkbox"/> Other _____
Experience 8: Page # _____	<input type="checkbox"/> Animation <input type="checkbox"/> Author video <input type="checkbox"/> Other _____
Experience 9: Page # _____	<input type="checkbox"/> Animation <input type="checkbox"/> Author video <input type="checkbox"/> Other _____
Experience 10: Page # _____	<input type="checkbox"/> Animation <input type="checkbox"/> Author video <input type="checkbox"/> Other _____

ADDITIONAL BOOKS

BOOK 2 TITLE:

Experience 1: Page # _____	<input type="checkbox"/> Animation <input type="checkbox"/> Author video <input type="checkbox"/> Other _____
Experience 2: Page # _____	<input type="checkbox"/> Animation <input type="checkbox"/> Author video <input type="checkbox"/> Other _____
Experience 3: Page # _____	<input type="checkbox"/> Animation <input type="checkbox"/> Author video <input type="checkbox"/> Other _____
Experience 9: Page # _____	<input type="checkbox"/> Animation <input type="checkbox"/> Author video <input type="checkbox"/> Other _____
Experience 10: Page # _____	<input type="checkbox"/> Animation <input type="checkbox"/> Author video <input type="checkbox"/> Other _____