



Arnie Becker Photography

T: 510/409-6720 * F: 510/790-4700 * E-fx: 707/222-1025
 www.arniebeckerphotography.com / arnie@arniebeckerphotography.com

Project Planning Information

Please be as specific and informative as possible. This will help both of us ask and answer the right questions--Expand the fields, use more pages, or add more questions! If you would like this form e-mailed to you e-mail us: arnie@arniebeckerphotography.com
This information is retained solely by Arnie Becker Photography in strictest confidence. You will not be automatically subscribed to any lists.

	Item	Notes
1.	Photo Project: <input type="checkbox"/> Wedding / Other Special Event <input type="checkbox"/> Travel / Places of the World <input type="checkbox"/> Product/Commercial <input type="checkbox"/> People <input type="checkbox"/> Other: _____ Define the purpose of the photo project and what you hope to accomplish.	
2.	Do you: a. have specific instructions for your photographer, or b. want to co-direct the project, or c. prefer to define the requirements and let the photographer complete the project on his own?	
3.	Have you talked to other photographers and project consultants? If so, how many and with what results? Was their information helpful?	

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Project Planning Information, Page 2

4.	What information do you need to help you make your decision?	
5.	Have you defined your Project Budget?	
6.	Which style of photography do you prefer for this project? ___ 1. Classic traditional / "Emotional" ___ 2. News / Journalistic ___ 3. Dramatic / Designer ___ 4. Marketing / Illustration ___ 5. Other: _____ ___ 6. Combination of _____	
7.	Preferred Output of photography: ___ 1. Keepsake Album ___ 2. Digital: CD/Zip disk, etc. ___ 3. Post to Website ___ 4. Photographs / Printed Media ___ 5. Other: _____ ___ 6. Combination: _____	
8.	Shooting Venue: ___ Indoor ___ Outdoor ___ Both	
9.	Date and Time of Event:	
10.	Have you worked with a professional photographer before? If so, how was that experience?	
11.	What major concerns do you have about this project?	

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Project Planning Information, Page 3

12.	Who will be the "Signoff" contact? Name: Address: City, St, Zip: Tel/Fax: E-Mail: Cell:	
13.	<input type="checkbox"/> 1. Color <input type="checkbox"/> 2. Black and White <input type="checkbox"/> 3. Sepia <input type="checkbox"/> 4. Other: _____ <input type="checkbox"/> 5. Combination: _____	
14.	Special Lighting Requirements for Venue?	
15.	Official venue Requirements, Permits, Licenses, etc.& who will obtain:	
16.	Anything else you'd like to make note of, comment on, ask, are concerned about, or think we should know about this project?	
17.	How do we reply/respond to you? Name: Address: City, St, Zip: Tel/Fax: E-Mail: Cell: Preferred Method of Initial Reply:	