

TGS Media Charity/POP Customer Questionnaire

Free Publications, Take One Programs, Brochures, Distribution Software & Consulting



Chapter Name		
Event Name & Date		
Mailing Address Date		
City State Zip Code		
Contact Name Phone Number		
Email Cell Number		
1. a. What event is this for?		
b. How many total POP locations to setup?		
c. Do have posters or additional requirements for distribution?		
d. Type of POP display:		
e. Number of brochures per stop:		
g. How are they packaged? h. Do you wish to restock?		
i. Special Drop requirements (Event Drops, Out of Area Drops, Large Quantity Drops, or Special Requirements required):		
J. Please explain your special drop requirements:		
2. Who is your target audience and type of locations to avoid distribution?		
3. In what city/cities do you wish to target with this POP distribution?		

4. Do you have other events in the next 12 months you may require POP distribution?			
If "Yes", when, dates and what market?			
5. How have you distributed in the past?	Volunteers	 Internal Distribution Hired our own drivers 	
	Out Sourced	○ CircServ	
6. How far in advance of the event do you want the POP distribution completed?			
7. What did you like about your last distribution and what would you want to change? What problems or challenges did you encounter?			
8. Please share with us any other things y to consider concerning your upcoming di			

Thank you for filling out our customer questionnaire. We will use this information to assemble a proposal based on your distribution needs. We will return a proposal within 48 hours of receiving this form. Thank you again and we will be in touch with you. TGS Management Team

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