Product Review Request Form

Your name: __________________________________________ Date: ________________

Email: __________________________________________ Telephone: ______________

1. Brief name and description of product:
   __________________________________________________________________________
   __________________________________________________________________________

2. Name of task force, SIG, or committee who developed this product (if none, put n/a):
   __________________________________________________________________________

   **You must copy the chair(s) of the task forces, SIGs, networking groups and committees named above on the email accompanying this form.**

3. Please tell reviewers about the attached product.

   For what audience(s) is it intended? __________________________________________________________________________

   Provide some examples of recipient or target groups that would be interested in seeing this product. Please be specific.
   __________________________________________________________________________
   __________________________________________________________________________

4. How do you think this product should best be disseminated/ distributed? Check all that apply.

   **Although the ideas of the authors/ originating group are important, ACRM will make final decisions about distribution within its available resources and organizational policies.**
   
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