



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.***

___ Published in *Archives* as an Information/ Education Page

___ Posted on ACRM website (please specify proposed location):

___ Other electronic distribution (specify):

___ Other distribution (specify):

5. Are there resources outside of ACRM that might be available to assist with distribution of this product?
If yes, explain.
