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CLIENT CHECKLIST FOR VOICE ACTING/VOICE OVERS

Voice over rates and demos are available at <http://voice.aibrean.com>

CLIENT INFORMATION

Name: _____
 Address: _____
 Phone: _____
 Fax: _____
 Email: _____

Specify type (you can check more than one):

- | | |
|---|---|
| Commercials/SPA | Other |
| <input type="checkbox"/> Local/Regional | <input type="checkbox"/> Voicemail |
| <input type="checkbox"/> New York/Los Angeles/Chicago | <input type="checkbox"/> Television Animation |
| <input type="checkbox"/> National Exposure | <input type="checkbox"/> Non-Broadcast |
| <input type="checkbox"/> National Networks | <input type="checkbox"/> Interactive Media |
| <input type="checkbox"/> Radio Station Promotion | <input type="checkbox"/> Audio Book |
| | <input type="checkbox"/> E-Learning |
| Television Commercials/PSA | <input type="checkbox"/> Corporate Presentation |
| <input type="checkbox"/> Local/Regional | |
| <input type="checkbox"/> New York/Los Angeles/Chicago | |
| <input type="checkbox"/> National Exposure | |
| <input type="checkbox"/> National Networks | |
| <input type="checkbox"/> Radio Station Promotion | |

Specify length:

- | | |
|---|--|
| <input type="checkbox"/> Less than 15 seconds | <input type="checkbox"/> 2 minutes |
| <input type="checkbox"/> 15 seconds | <input type="checkbox"/> 5 minutes |
| <input type="checkbox"/> 30 seconds | <input type="checkbox"/> Longer than 5 minutes |
| <input type="checkbox"/> 60 seconds | |

Budget:

- Static (pre-defined): \$ _____
 Flexible (based on estimate; list range): \$ _____

Additional Needs?

- Production Work
 Recording Session

Company Details (check what you can provide):

- Script
 Sound effects and music (if production work is needed)

Approval information:

Actress communicates with: _____
 Invoices sent to: _____
 through: email mail fax