



QUALITY ASSURANCE - REQUEST FOR REVIEW

PLEASE ALLOW TEN BUSINESS DAYS FOR DOCUMENT REVIEW

1. Complete one Request for Review form for each item submitted.
2. Include one color composite and five black and white printouts of each item submitted.
3. If the document submitted is a letter, it must be submitted on letterhead, and may be submitted via fax. Only originals of all other items will be accepted.

Date:	
Advocate Name:	Contact Name:
Contact Phone Number:	Contact Fax Number:
<input type="checkbox"/> New Document	<input type="checkbox"/> Revised Document
	Protected Tomorrows® Document Tracking Number:
Document Name:	Advocate Document Number (if applicable):
Document Type: <i>Ad, letter, brochure, etc.</i>	
Intended Use:	
Quantity to be printed or distributed (estimate):	

For Protected Tomorrows® Use Only:

Date Received:	Response Due:
Routing: <input type="checkbox"/> Pres. <input type="checkbox"/> Mkt. <input type="checkbox"/> Training	Protected Tomorrows® Document Tracking Number:
Determination <input type="checkbox"/> Approved <input type="checkbox"/> Approved With Changes <input type="checkbox"/> Not Approved	
Reviewed By:	Date:

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