

# FORM A

Date \_\_\_\_\_ Department/Unit \_\_\_\_\_

Title (of product) \_\_\_\_\_

Current number (if reprint or revision: E-, DVD-, CD-, etc.) \_\_\_\_\_

Subject(s) (see web site: [www.emdc.msue.msu.edu](http://www.emdc.msue.msu.edu)) \_\_\_\_\_

New Revised:  Destroy old stock  Use old stock  Reprint

Has this product been tested?  Yes  No Has a needs assessment been done?  Yes  No

*If yes, to either of above, attach results on separate sheet.*

Who is the audience?  MSU & partners  Public stakeholders

Commercial growers, farmers

Homeowners, private individuals

Other (specify) \_\_\_\_\_

How long will information be reliable? \_\_\_\_\_

Should this be reproduced in quantity?  Yes  No

If yes, how many? \_\_\_\_\_ Date needed? \_\_\_\_\_

How many will sell over the next 2 years? \_\_\_\_\_

If no, is it for the MSUE bulletin office web site?  Yes  No

Other use? \_\_\_\_\_

Considering your primary audience, what would they be willing to pay? \_\_\_\_\_

Please indicate any concerns you have about pricing. \_\_\_\_\_

Is there any funding available to subsidize or reduce the retail price?  Yes  No

If yes, approximately how much? \_\_\_\_\_

Account No.(s) \_\_\_\_\_

Should this material be copyrighted?  Yes  No

**\* Does it contain pesticide recommendations?  Yes  No**

*If yes, you MUST contact Lynnae Jess, B18 Food Safety & Toxicology Bldg. (432-1702) for instructions and signature (see #6 in box on next page).*

# REVIEWERS

## COMPLETE FOR ALL NEW OR REVISED PUBLICATIONS!

*(Minimum of two, from department, AoE or outside agency)*

1.	_____	_____	_____	_____
	Signature	Please print name	Title/Department	Date
2.	_____	_____	_____	_____
	Signature	Please print name	Title/Department	Date
3.	_____	_____	_____	_____
	Signature	Please print name	Title/Department	Date
4.	_____	_____	_____	_____
	Signature	Please print name	Title/Department	Date
5.	_____	_____	_____	_____
	Signature	Please print name	Title/Department	Date
6.	_____			

\*North Central N.C. IAM Center approval of pesticides recommended

# AUTHORS

_____	_____	_____
Author signature	Please print name	Date
_____	_____	_____
Author signature	Please print name	Date
_____	_____	_____
Author signature	Please print name	Date
_____	_____	_____
AoE leader signature	Please print name	Date
_____	_____	_____
Department chairperson signature	Please print name	Date