

Portrait Appointment Information

Name: _____ Initial Contact: _____

Home Tel: _____ Consult Appt: _____

Work Tel: _____ Portrait Appt: _____

Address: _____

Type Portrait Session

Family (# _____) Child(ren) ages _____ Mother/Cld _____

Personal Senior (School: _____) Other: _____

(Parent's Name: _____)

Location of Portraits

In Studio On Location In Home

How did they hear about Artistic Images?

Referral by _____ Mail Out _____
Display at _____ Advertisement _____
Repeat Customer _____ Other _____

Additional Information: _____

Mail PR Packet: Yes (Date Mailed) No

Reservation Guarantee: Type Credit Card _____

Credit Card # _____ Exp Dt _____

Name on Credit Card: _____

Consultation Notes

Client's specific desires: _____

Special Requests: _____

Combinations: _____

Soft Focus: Yes /No Black & White: Yes/No
Traditional Interactive Artsy

Clothing: _____

Borrow Our Clothing? _____

Possible settings: WindowLight/Garden/Background _____

Location: _____ Permission: _____

Story of relationships: _____

Problems: _____

Wall Portrait? _____ To be displayed: _____

Vertical or horizontal? _____ Album? _____

Names/ages of those in portrait:

Props needed: _____

Price List Received? _____ Appt made _____

Projection _____ Portrait Presentation Appt Made _____