

EOC Client Assessment Form

Fill out your self-assessment now! (print this page, print PDF, or [click here to fill out this form online](#))

1. Name_____

2. Address_____

3. City,State,ZIP_____

4. Phone (day)_____

5. Phone (evening)_____

6. email_____

7. Referred by:_____

8. Birthday_____

9. What brought you to this website?_____

10. What types of album projects are you interesting in completing?

Circle or underline all that apply:

- a. personal,
- b. wedding,
- c. family,
- d. travel,
- e. baby,
- f. school,
- g. heritage,
- h. other (inventory, portfolio)_____

11. Would you prefer to work with:

- a. Traditional,
- b. Digital, or
- c. both?

12. How many photos do you need to sort through?_____

(or # boxes, # envelopes, etc._____)

13. What % of your photos are ...
- a. Digital?
 - b. On slides?
 - c. Hard copy?
 - d. Other_____
14. Would you like to be contacted for a complimentary consultation?
If yes, how soon? _____
Best time to call? _____
15. Do you have a deadline or event driving this project? If so, when?

16. If we created an album for (or with) you, how many copies will you need?_____
17. Would you want to:
- a. be trained in the creation of albums,
 - b. participate side-by-side with us, or
 - c. hand off its creation to a capable assistant?
18. Other comments_____

Please return by e-mail, fax, or mail to EOC. We look forward to talking with you.

Contact Information

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Thank you!