

# Visual Art Services - Med IRT Business Card

## CONTACT PERSON INFORMATION:

NAME:

DEPARTMENT:

UNIVERSITY ACCT #:

PHONE #:

EMAIL:

**This form is for IRT cards only!**  
Please go to our main business card page to see all business cards available.  
**Click here.**

CASH or Personal Check

FAX #:

**Quantity:**

**Ink:**

250



Raised

500

Flat

1000

**Proof Print of card**  
(add'l \$6.95)

Med IRT Business Card	
 <b>STANFORD</b> SCHOOL OF MEDICINE <i>Stanford University Medical Center</i>	<b>NAME</b> Title Line 1 Title Line 2 Title Line 3
	Department Address Line 1 Address Line 2 Stanford, CA 94305-XXXX tel: 650.XXX.XXXX fax: 650.XXX.XXXX email: email address web: url
	 <b>irt</b> INFORMATION RESOURCES & TECHNOLOGY

[Red - PMS 201]

**Call me re:**

letterhead  
envelopes  
note pads  
other

**CARD INFO: TYPE IN** all info in this Adobe Acrobat form, then print & fax.

NAME

TITLE (1)

TITLE (2)

DEPARTMENT

ADDRESS (1)

ADDRESS (2)

ADDRESS (3)

PHONE

Add'l Phone

FAX

EMAIL

EMAIL or URL

**Fax Completed form to: 5-8016 / Call 3-6813 for all inquires**