

Visual Art Services - Medical Center (V2) Business Card Ordering Form

PLEASE READ

- Complete this order form using Adobe Acrobat Reader or Acrobat Professional (Free Acrobat Reader software is available from www.adobe.com). **Forms that are handwritten will automatically have to go through the proofing process.**
- Completed forms should be faxed to 650-725-8016. Be sure that your fax machine can send clean copies. Faxes that are too dark or askew will delay the order process. **Always call (650-723-6813) to confirm fax receipt after fax transmittal.**
- **OR - Use Adobe Acrobat Reader Professional to save your completed form and email to: visart@stanford.edu You will receive a receipt confirmation via email.**

CONTACT INFO: NAME
 DEPARTMENT
 UNIVERSITY ACCT #
 PHONE #
 EMAIL


CASH/Personal Check
 FAX #

Please note:
 Any order not billed to a Stanford Acct. number is subject to Overhead Charges & Sales Tax.

Quantity: 250
500
 1000
Proof Print (add'l \$6.95)

Ink: Raised
 Flat

Version 2:

 <p>STANFORD UNIVERSITY MEDICAL CENTER</p> <p><small>Hospital & Clinics • School of Medicine</small></p> <p>pager: 650.XXX.XXXX appt: 650.XXX.XXXX office: 650.XXX.XXXX</p> <p style="text-align: center; color: blue;">↑-----↓ optional</p>	<p>NAME Title Line 1 Title Line 2 Title Line 3</p> <hr/> <p>Address Line 1 Address Line 2 Stanford, CA XXXXX-XXXX t: 650.XXX.XXXX f: 650.XXX.XXXX e: Single line email address two line email address</p>
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I would like more information about letterhead, envelopes, note pads or other print material.

CARD INFO:

*if needed fax info on a separate sheet with this order form

NAME
 TITLE (1)
 TITLE (2)
 TITLE (3)
 DEPARTMENT
 ADDRESS (1)
 ADDRESS (2)
 ADDRESS (3)
 PHONE
 FAX
 EMAIL
 EMAIL or URL