

General Order Form

AUXILIARY ENTERPRISES - Campus Technology & Supply Store

Date Requested: _____

Date Needed: _____ Day: _____ Time: _____

Contact Name: _____

Department: _____

Address / Bldg / Rm #: _____

Phone #: _____

Email Address: _____

Speedtype #: _____

Business Manager or
Authorized Signature: _____

LSU Health
NEW ORLEANS

1901 Perdido / MEB • 2nd Floor • Room 2200
New Orleans, Louisiana 70112

phone (504) 568-2565 • fax (504) 568-4598
aegraphics@lsuhsc.edu • www.lsuhs.edu/administration/ae/dp.aspx

DELIVERY INFORMATION

- Customer will pick up
 Contact Info
 Other - specify directly below

Name: _____

Address: _____

Bldg/Rm #: _____

Phone #: _____

JOB DESCRIPTION

Job Name: _____

Estimate Requested: Yes No

Quantity: _____

Printing: Black & White Color Combination
 Single sided Double sided Combination

Paper Type: Standard Copy Laser Other _____

Paper Size: Letter Legal Tabloid (11x17) Other _____

Binding: Yes (describe below) No

Detailed Description:

POSTER ORDER

Posters are printed on heavy-weight semi-gloss paper.

Total # of Posters: _____

of Prints per Poster: _____

Final Print Size: _____

Print Ready file provided

- Yes
 Not print ready - layout work needed

Mount

- No
 Gatorboard (similar to foamcore, but more durable)
 Other: _____

Laminate - beneficial for posters displayed long-term or multiple times.

- No
 Gloss Dry Erase Matte

Travel Tube

- None 36" 42" 48"

PROOF: (Check One)

Exact Reprint. No proof necessary.

Email: _____