

Business Card 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
 Business Card Info
 Other - _____

BUSINESS CARD INFORMATION

Quantity:

- 250 500 1000
 Over 1000: _____

Please allow five working days to receive your proof. After your proof is approved, your order requires **10 to 12 working days** to be printed - possibly more for specialty cards. Rush Service is usually available for up to an additional 50% to the cost of the order.



QR code
back of card option



<http://www.lsuhs.edu/administration/ae/dp.aspx>

Appointment
back of card option

_____ has an appointment on _____

Day	Month	Year
At _____	A.M.	_____ P.M.

Please call 24 hours in advance if you are unable to keep this appointment.

- Exact Reprint Duplex Card

Fill in applicable fields

Name: _____
Job Title: _____
School of: _____
Department of: _____
Office of: _____
Section of: _____
Address: _____

Web Address: _____
Office Phone #: _____
Fax #: _____
Cell #: _____
Email Address: _____

Layout follows the LSU Health New Orleans graphics standards format. The size, font or layout CANNOT be changed. If you have any questions about the format, please contact AE Campus Technology & Supply Store at (504) 568-2565 or aegraphics@lsuhsc.edu.

Special Instructions:

PROOF: (Check One)

- Exact Reprint. No proof necessary.
 Email: _____

- Sample Attached