

HEALTH SCIENCES LIBRARY

Basic Sciences Building, 15 Dana Rd, Valhalla, NY 10595

Poster Printing Charges Form

Name: _____ Date:

Phone: _____ Status: _____ School: _____

Department: _____ Affiliation: _____

Paper type- height: Width (in): Actual Width (in): # Posters: Price:

Color Background / more ink use @\$15.00 ea.: Yes No # of Posters with Color background

PAYMENT TYPE: Credit Card Check Cash

Department / Grant (charge): _____ SUB TOTAL

For drop-off service only: Use http://www.sendthisfile.com/nymc&recipient=hsl_nymc@nymc.edu to upload this form and your poster file (two files). Put Your Name and "poster drop-off" in message box.

I understand that the colors used for printing are subject to fading based upon display and storage location.

Yes No

For staff use only:

Staff Initials: _____

Date Paid: _____

Director's approval purpose: _____

RUSH

TOTAL

Signed By: _____
(Print Name here)