



# NEW YORK MEDICAL COLLEGE

A MEMBER OF THE Touro College and University System

## 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](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)