

Center	Phone	Mail Code	Fax
CSC-A	4-3020	0031	534-8120
Price Ctr	4-7050	0087	822-0610
Geisel	4-2534	0175	534-8811

Affix Barcode
Here

LARGE FORMAT - Banners, Posters & Signs ORDER FORM

Bill Copy to: _____ Mail Code: _____ Authorized Signature _____	INDEX or RECHARGE NUMBER 										
<div style="display: flex; border: 2px solid black; padding: 5px;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 1.2em; margin-right: 5px;">SHIPPING</div> <div style="flex-grow: 1;"> Customer Name: _____ Phone: () _____ Department: _____ Fax: () _____ Building/Room: _____ <input type="checkbox"/> DELIVER <input type="checkbox"/> MAIL <input type="checkbox"/> TRANSFER TO MAIL SERVICES <input type="checkbox"/> Pick up at Imprints Price Center <input type="checkbox"/> Pick up at CSC-A </div> </div>	JOB NUMBER 										
PROJECT NAME: _____ Finished Qty: _____ (# of originals _____) ABOUT YOUR FILES: <input type="checkbox"/> Mac <input type="checkbox"/> PC <input type="checkbox"/> HARD COPY File Type: <input type="checkbox"/> PDF <input type="checkbox"/> Illustrator <input type="checkbox"/> Photoshop <input type="checkbox"/> Word <input type="checkbox"/> InDesign <input type="checkbox"/> QuarkXPress <input type="checkbox"/> Other Application _____ File Name & Date: _____ Digital files sent to: <input type="checkbox"/> printing@ucsd.edu <input type="checkbox"/> YouSendIT <input type="checkbox"/> Other Media	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th colspan="2" style="text-align: center; padding: 2px;">FOR OFFICE USE ONLY</th> </tr> </thead> <tbody> <tr> <td style="width: 50%; padding: 2px;">FROM _____</td> <td style="width: 50%; padding: 2px;">TO _____</td> </tr> <tr> <td style="padding: 2px;">Date/Time SUBMITTED _____</td> <td style="padding: 2px;">Date/Time DUE _____</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;">OTHER INFORMATION</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Customer Email (required): _____</td> </tr> </tbody> </table>	FOR OFFICE USE ONLY		FROM _____	TO _____	Date/Time SUBMITTED _____	Date/Time DUE _____	OTHER INFORMATION		Customer Email (required): _____	
FOR OFFICE USE ONLY											
FROM _____	TO _____										
Date/Time SUBMITTED _____	Date/Time DUE _____										
OTHER INFORMATION											
Customer Email (required): _____											
LARGE FORMAT PRINTING OPTIONS Final Trim Size: _____ x _____ Ink Options: <input type="checkbox"/> Photo Realistic Ink (suitable for highly detailed images) <input type="checkbox"/> Latex Ink (economical option for graphics, durable for extended outdoor use) Media: <input type="checkbox"/> Polypropylene <input type="checkbox"/> Heavy-weight Coated Paper <input type="checkbox"/> Satin or Gloss Photo <input type="checkbox"/> Matte or Gloss Canvas <input type="checkbox"/> Backlit Film <input type="checkbox"/> Scrim Banner <input type="checkbox"/> Adhesive Vinyl <input type="checkbox"/> Other _____											
LARGE FORMAT FINISHING OPTIONS <input type="checkbox"/> Grommets (# _____) <input type="checkbox"/> Stitched Pockets (<input type="checkbox"/> top <input type="checkbox"/> bottom <input type="checkbox"/> edges) <input type="checkbox"/> Lamination with waterproof edge <input type="checkbox"/> Lamination to trim <input type="checkbox"/> Mount on board (<input type="checkbox"/> white foamcore <input type="checkbox"/> black Gatorboard <input type="checkbox"/> white Gatorboard) <input type="checkbox"/> Shipping tube <input type="checkbox"/> Banner Stand Rental _____ days											
<input type="checkbox"/> PROOF REQUIRED: ___ E-Proof ___ Regular LF Proof											
FOR OFFICE USE ONLY: <input type="checkbox"/> Design Labor Hours _____ <input type="checkbox"/> No. of Cuts _____ <input type="checkbox"/> Typesetting Labor Hours _____ <input type="checkbox"/> Hand Labor Hours _____ <input type="checkbox"/> File Setup/Prepress Hours (billable) _____ <input type="checkbox"/> Production Make Ready _____ <input type="checkbox"/> Alterations Hours _____											