

LARGE-FORMAT POSTER PRINTING (up to 42" x 100')

School of Dentistry Patron

- Heavyweight Coated Paper \$6.50/sq.ft.*
- Instant Dry Ink Satin \$6.50/sq.ft.*
- Instant Dry Ink Photo Gloss \$6.50/sq.ft.*
- Ultralight Polyester Fabric \$6.50/sq.ft.*

Non - Dentistry Patron

- Heavyweight Coated Paper \$7.50/sq.ft.*
- Instant Dry Ink Satin \$7.50/sq.ft.*
- Instant Dry Ink Photo Gloss \$7.50/sq.ft.*
- Ultralight Polyester Fabric \$7.50/sq.ft.*

***At the Media Center's discretion, an additional \$0.50 per square foot may be applied for heavy ink usage (i.e. any posters with dark, saturated backgrounds and/or images).**

No. of Posters _____
 No. Sq. Ft. _____ \$ _____

SPECIAL POSTER OPTIONS

Special Poster Options

- 1/4" Foam Board Mounting
 (up to 40" x 60") \$2.50/sq.ft.

Quantity _____ \$ _____

XEROX LASER PRINTS

- Letter 8.5" x 11" \$0.30 each
- Letter 8.5" x 14" \$0.35 each
- Tabloid 11" x 17" \$0.50 each
- Heavyweight Paper Stock \$0.75 each
- Certificates \$1.00 each

No. of Prints _____ \$ _____

LAMINATION

(Only for School of Dentistry)

- Business Card 2 3/16" x 3 11/16" \$0.30 each
- Letter 8.5" x 11" \$0.75 each
- Legal 8.5" x 14" \$1.00 each
- Tabloid 11" x 17" \$1.25 each

Quantity _____ \$ _____

RUSH TURNAROUND

- 25% additional for 24-hour, next day service.
- 50% additional for 8-hour, same day service.

Total Costs _____

NOTES

Name _____ Extension _____ Email _____

Division/Section _____ Name of Project _____

Date Requested _____ Time Request _____ Order Taken By _____ Date Needed _____ Time Needed _____

Authorizing Signature _____ Recharge ID _____

- P.I.
 Div. Chair
 Div./ Sec. Administrator
 Other Unit/ Clinic
 C.E.
 Outside Unit _____

PROJECT TYPE	DESCRIPTION	ESTIMATED CHARGE

PLEASE NOTE THAT ALL PROOFS WILL BE SUBJECT TO CHARGES

- Check box if you want a proof
 I waive my proof and understand I will be charged for all copies.

Customer Signature _____
 Proof Due on: _____
 Proof Completed on: _____

Estimated Costs _____ (Excludes rush turnaround)

See back for price list. Please note, this is only an estimate. A final total will be presented when final project is delivered/picked-up. See back for price list. Thank you.

- I understand and agree to pay the cost for the requested Media Center services. _____

CUSTOMER PICK-UP SIGNATURE

Customer Pick Up _____ **Date** _____

Total Costs _____