



NAME TAG & PLATE ORDER FORM

PLEASE RETURN COMPLETED FORM TO
THE COPY AND PRINT CENTER FOR PROCESSING

Phone: 303-458-4380

Fax: 303-964-5475

Email: cpc@regis.edu

INSTRUCTIONS FOR FILLING OUT FORM

1. All information **MUST BE LEGIBLE** - typed information is requested.
2. This form **MUST BE FILLED OUT COMPLETELY** (including Budget number) before name tags orders are placed with the Copy and Print Center.
3. The print on the name tags **WILL APPEAR EXACTLY AS SHOWN** on this form. We will not take responsibility for print errors when the error is a result of incorrect or incomplete information.
4. Please allow up to **8-10 business days** for you order to be completed.

PLEASE COMPLETE

Name _____

Title 1st Line _____

Title 2nd Line _____

Title 3rd Line _____

NAME TAG (choose one): magnetic standard pin clip

NAME PLATE (choose one): no holder w/ wall holder w/ desk holder

Budget Number _____

Contact Phone Number _____

_____ Number of name tag(s) and/or Plate(s)

I have proofed the above information and verify that it is correct.

