

Poster Printing Requisition Form

Submit with your poster file at least 72 hours in advance of date needed.

Requestor Information

Date:

Name:	Status: <input type="checkbox"/> Faculty <input type="checkbox"/> Student <input type="checkbox"/> Postdoctoral <input type="checkbox"/> Resident <input type="checkbox"/> Staff <input type="checkbox"/> Alumni <input type="checkbox"/> Other _____
E-mail:	
Phone Number:	
Department (BHIS, DHD, etc.):	

Poster Information

Date Poster Needed:	Date Poster File Submitted:
Poster Title:	
Final Size of Requested Poster:	
<input type="checkbox"/> 42" x 72" (3.5x6ft) <input type="checkbox"/> 42" x 60" (3.5x5ft) <input type="checkbox"/> 24" x 60" (2x5ft) <input type="checkbox"/> 36" x 60" (3x5ft)	
<input type="checkbox"/> Other _____ (Please specify in inches)	

Payment

<input type="checkbox"/> \$35 (AHS) <input type="checkbox"/> \$100 (Non-AHS) <input type="checkbox"/> \$35 (Reprinting fee) <input type="checkbox"/> Poster Tube \$5 Poster order total: \$_____	<input type="checkbox"/> CASH (exact amount) <input type="checkbox"/> Check (made payable to UIC) <input type="checkbox"/> CFOP _____ (insert complete number)
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Checklist:

- The UIC AHS logo (and corresponding unit, if desired) is included on the poster.
- Funding agencies are acknowledged, as appropriate.
- The poster has been sized to the correct proportions. Please note that one of your poster dimensions (length or width) is limited to 42 inches.
- All information on the poster has been checked for spelling and grammatical errors. Any corrections sent after printing your poster will incur an additional \$35 reprinting fee.
- Payment section must be completed for processing. Incomplete orders will not be processed.

Email this completed form to CAHS-POSTERREQ@LISTSERV.UIC.EDU