



## Business Card/Stationery Request Form

### NAME AND TITLE

---

NAME \_\_\_\_\_ EDUCATION \_\_\_\_\_

TITLE \_\_\_\_\_

### DEPARTMENT - PLEASE CHECK ONE

---

- |   |  |
|---|--|
| <input type="checkbox"/> Anna Leonowens Gallery                       | <input type="checkbox"/> Office of Academic Affairs and Research |
| <input type="checkbox"/> Board of Governors                           | <input type="checkbox"/> Office of Admissions                    |
| <input type="checkbox"/> Dawson Print Shop                            | <input type="checkbox"/> Office of the President                 |
| <input type="checkbox"/> Division of Art History and Critical Studies | <input type="checkbox"/> Office of Finance and Administration    |
| <input type="checkbox"/> Division of Craft                            | <input type="checkbox"/> Office of Student and Academic Services |
| <input type="checkbox"/> Division of Design                           | <input type="checkbox"/> Office of University Relations          |
| <input type="checkbox"/> Division of Fine Art                         | <input type="checkbox"/> School of Extended Studies              |
| <input type="checkbox"/> Division of Foundation                       | <input type="checkbox"/> School of Graduate Studies              |
| <input type="checkbox"/> Division of Media Arts                       |  |
| <input type="checkbox"/> Facilities Management                        |  |

### CONTACT DETAILS

---

EMAIL \_\_\_\_\_ @NSCAD.CA

DEPARTMENT WEB PAGE \_\_\_\_\_

PHONE  902 444 9600  1 888 444 5989 DIRECT \_\_\_\_\_ FAX \_\_\_\_\_

### REQUIREMENTS

---

STATIONARY  Business Cards  Letterhead  Envelopes \_\_\_\_\_

DATE REQUIRED \_\_\_\_\_ QUANTITY \_\_\_\_\_

PROOFED  Ok, as is  Ok, with indicated changes  Changes required with new proof \_\_\_\_\_

SIGNATURE \_\_\_\_\_