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| Poster Request Info Form | |
| * **We require at least two business days** (not including Sat/Sun) to complete the request. * If requesting 10 or more copies, we require five business days to complete the request. | |
| **Full name of the person/s that will pick the poster/s up:** |  |
| **Campus Username:** |  |
| **Phone # or Extension:** |  |
| **E-mail Address:** |  |
| **Form Of Payment:** | Interdepartmental Form Or Cash/Card |
| **Type of Paper:** | glossy non-glossy |
| **Size Requirements (## x ##):** |  |
| **Copies (of each):** |  |
| **Do you want a tube?** | Yes No |
| **When do you need to pick the poster/s up?** |  |