LARGE-FORMAT POSTER PRINTING (up to 42” x 100’)

School of Dentistry Patron
☐ Matted Poster Paper $4.00/sq.ft.*
☐ Semi-Gloss Photo Paper $6.00/sq.ft.*
☐ High-Gloss Photo Paper $6.50/sq.ft.*

Non-Dentistry Patron
☐ Matted Poster Paper $5.00/sq.ft.*
☐ Semi-Gloss Photo Paper $7.00/sq.ft.*
☐ High-Gloss Photo Paper $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. _______________ $ __________

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 ______________ $ __________

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 ______________ $ __________

SPECIAL POSTER OPTIONS

Special Poster Options
☐ 1/4” Foam Board Mounting $2.50/sq.ft.
(up to 40” x 60”)
☐ 36” Poster Tube $4.00 each
☐ 42” Poster Tube $5.00 each

Quantity ______________ $ __________

RUSH TURNAROUND

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

Total Costs ____________________________

May 2013
WORK ORDER FORM

May 2013

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__________________________________________