

DEPARTMENT OF PHYSIOLOGY & BIOPHYSICS
POSTER PRINTING REQUEST

Date/Time Poster is needed _____

Requestor's Name _____

Phone _____ E-mail _____

PI's Name _____

Department _____

Number of Posters Printed _____ @ _____

Number of Poster storage tubes _____ @ \$5.00 each

Total charges _____

SPEEDTYPE NUMBER TO BE CHARGED _____

Signature of Department Administrator Date

Phone Location Code

Posters are \$75 each. Please thoroughly ensure the content of your poster is correct and indicate the desired size for the poster to be printed. Reprints require an additional charge.

Poster storage tubes are \$5.00.

Contact: Michael Little (368-3400); email (mdl87@case.edu)

Printing Hours: Monday-Friday 8:30AM-4:00PM