

## **Student Business Card Ordering Instructions**

*Student Business Cards must be ordered from Print Copy Services*

### **Prices (Per box of 500 Business Cards):**

Payment by Cash: \$29.75

Payment by Check: \$29.75

**NOTE: STUDENT BUSINESS CARDS CAN ONLY BE ORDERED IN THE BLACK & WHITE OPTION ONLY; NO COLOR OPTIONS ARE AVAILABLE FOR STUDENT BUSINESS CARDS**

### **General Instructions:**

1. Please complete both of the attached forms: **Tufts Student Business Card Form** and the **T-NEMC Generic Ordering Form for Business Cards**. Please be certain to indicate that you are a student on both of the forms. Please also be sure to include either a fax number where a copy of your proof may be faxed, or a phone number where you can be notified to review your proof at the Copy Center.

***If you do not have your own fax:*** You can either include a phone number where you can be reached or you may use the Departmental Fax Machine behind the main reception area in M & V (617-636-4017). However, you will be responsible for collecting your fax in a timely manner (Within 2-3 days of submitting your request to the Copy Center.) Faxes not collected within 3 days will be discarded.

2. Bring your completed forms to the Proger Print Copy Center (750 Washington Street) or the Kneeland Print Copy Center (75 Kneeland). You will be issued a proof within 2- 3 days. Please be sure to provide a phone number and fax number where you can be reached.

3. You will be notified by the Print Copy Center at 75 Kneeland Street when your cards are ready.

4. You will make your payment by check or cash to the T-NEMC Print Copy Center.

**Instructions on how to fill out T-NEMC General Ordering Form for Business Cards is continued on the back.**

## **Business Cards**

- 1. School Name**
- 2. Name, Credentials, Department**
- 3. Address, Phone Number, Fax Number, Email Address, Web Address**

**1) School Name:** *School of Medicine* (For all Degrees)

**2) Name:** Your name as would like it to appear on your finished business cards

**Credentials:** This will depend on what program you are enrolled in. Please see the examples below.

*MPH Candidate*  
*or MPH Class of 2015*  
*or MPH Candidate- Global Health Concentrator*  
*JD/MPH Candidate*  
*BA/MPH Candidate*  
*MS in Pain Research, Education & Policy Candidate*  
*MS in Health Communication Candidate*  
*MD/MPH Class of 2004*  
*DVM/MPH Class of 2026*  
*MD/MBA in Health Management Class of 2014*  
*MS-Nutrition/MPH Candidate*

**Department:** Please leave this blank

**3) Address:** The Copy Center and the PHPD Office of Student Services strongly urges you to not include your actual home address for your own safety. We suggest simply listing:

*Boston, MA*

**Phone Number:** You can list multiple phone numbers. Please label them as “home”, “cell”, “work”, etc.

**Fax Number:** If you have a personal fax number, please list here. Please do not list the PHPD Department fax number on your business cards.

**Email Address:** If you would like, please list your email address

**Web Address:** If you would like to include a personal website, please list here.

# TUFTS STUDENT BUSINESS CARD ORDER FORM

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1. I would like to order \_\_\_\_\_ box(es) of 500 black & white Tufts' ***Student*** Business Cards.

2. I will be paying by (Please Circle One):    Cash                      Check

3. My Contact Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: (*Include if you would like to receive your proof by fax*): \_\_\_\_\_

**TUFTS-NEMC PRINT COPY SERVICES**

**07**

Ext. # \_\_\_\_\_ FAX # \_\_\_\_\_

Email: \_\_\_\_\_

Date \_\_\_\_\_ Date Needed \_\_\_\_\_

Department \_\_\_\_\_

Requested by \_\_\_\_\_

Location \_\_\_\_\_

Special Instructions \_\_\_\_\_

**ALL REQUISITIONS "MUST" HAVE A DEPARTMENT I.D.#**

Tufts University	
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- Boston     Grafton     Medford  
 Disc             Hard Copy

No. of Originals	Copies per originals	SIZE		Paper other than #20 white	1 side	2 sides	Pricing
		8 1/2 X 11	Other				
							TOTAL \$

- Collate     Staple     \_\_\_-Hole Punch     Typeset     Bind \_\_\_\_\_    Other \_\_\_\_\_

Received or Approved by \_\_\_\_\_

**ALL SHADED FIELDS OF THE REQUISITION MUST BE FILLED OUT TO PROCESS ORDER**

**BUSINESS CARDS**

- School Name**
- Name, Credentials, Department**
- Address, Phone Number, Fax Number, Email Address, Web Address**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Tufts</b> UNIVERSITY	SCHOOL NAME OR DIVISION <b>1.</b>	
John Doe <i>Title</i>	Building 100 Street	
Department of Affiliation <b>2.</b>	Medford, MA 02155	<b>3.</b>
Secondary Affiliation	TEL: 617.627.0000	
Tertiary Affiliation	FAX: 617.627.0000	
Quaternary Affiliation	john.doe@tufts.edu	
	website.tufts.edu	