

BUSINESS CARD ORDER FORM

Brigham & Women's Hospital



All Information is subject to approval by OPRC:

Please DO NOT request business cards if:

- You are nearing the end of your postdoctoral training.
- You are planning to leave BWH within the year.
- You already have business cards.

Eligibility and Restrictions:

- Each postdoc is eligible for ONE order of business cards only, regardless of his/her length of employment /affiliation with BWH or if he/she change laboratories or locations within BWH.
- Only postdoctoral fellows working in BWH laboratories under the direction of a BWH mentor are eligible for an order of business cards.
- Requests will be processed in the order by which they are received




E-mail this completed form to: BWHOPRC@partners.org

QUANTITY:  **500** (minimum)

NAME
TITLE / DEPT. / ADDRESS / EMAIL (6 LINES ALLOWED TOTAL)
EMAIL
TEL 1
FAX
BEEPER





Style B - Physician

	BRIGHAM AND WOMEN'S HOSPITAL	
<hr/>		
Your Name		Tel: 123 456-7890
Title line 1		Tel: 123 456-7890
Title line 2		Fax: 123 456-7890
Title line 3		Pager: 123 456-7890
Address line 1		Optional Number
Address line 2		
Address line 3 or Email		
Additional line		
		

Please type your information **EXACTLY** as you would like it to appear on your business cards. Use all **PROPER** and **CORRECT** spelling, capitalization and punctuation.

PROOF REQUIRED	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specifications:		
<ul style="list-style-type: none">• Card Size 3.5 x 2• Card Stock 80lb Majestic Aurora White Cover• Harvard Shield PMS 193 Red• MGH Shield PMS 633 Blue• Text PMS 432 Gray		

	BRIGHAM AND WOMEN'S HOSPITAL	
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Jane Doe, Ph.D.		Phone
BWH Title		Fax
HMS Title		
Department		
Address 2		
Email Address		
		A Teaching Affiliate of Harvard Medical School