




Boston University Henry M. Goldman
School of Dental Medicine

Business cards



Boston University Henry M. Goldman
School of Dental Medicine



Boston University Henry M. Goldman
School of Dental Medicine

Your Name
Student Dentist

Department of General Dentistry
100 East Newton Street, 5th floor
Boston, Massachusetts 02118
Cell: 617-555-5555
Clinic: 617-638-6565 x12345
xxxx@bu.edu
<http://www.bu.edu/dental>

- Printed by the Boston University Medical
Campus Educational Media Center
 - Robinson Building (B-500)

- Vertical design for students



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Quantity	Price
100	\$25
200	\$50

- Payments must be made by cash or check
- Make checks payable to Educational Media Center or Boston University

**Educational Media Center**715 Albany Street, B500
Boston, MA 02118-2526
Phone: 617-638-4370 • Fax: 617-638-8289*To be filled out by EMC Staff*EMC Job#: _____ Staff Initials **Request for Business Card**

Date Requested: _____

Contact Name: _____

Tel: _____ Fax: _____

Dept Head/Principal Investigator: _____

Authorized Signature: _____

Charge to Acct No: _____

Unit	Dept	Object	Source
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student ID No: _____

 Evans Medical Foundation. Address: _____**DELIVERY**

All Deliveries are made to the Educational Media Center, B500, unless a special request is made.

 Special delivery request _____

Contact: _____

Location: _____

Tel: _____

Tel: _____ Fax: _____

NOTE: This form is NOT applicable for BMC purchase orders

CHOOSE ONE ONLY**BU Business Card option (check one)**

- School of Medicine (MED)
- Goldman School of Dental Medicine (SDM)
- School of Public Health (SPH)
- Medical Campus (MED CAMPUS)
- School of Medicine / Boston Medical Center (MED/BMC)
- Affiliation with Veterans Affairs (MED / VA)
- Other Affiliation (with permission from Corporate Communications, tel: 638-8491)

BMC Business Card option (check one)

NOTE: Joint, Chief/Chair cards available if paying by BU source code, or Evans Medical Foundation funding

- Joint (BMC / MED)
- Chief/Chair (Exclusively for individuals with both Chief/BMC and Chairman/MED appointments)

QUANTITY (500 cards per box) 500 1000 2000 5000 Other _____**CARD INFORMATION**

Name: _____

Title: _____

School Affiliation: _____

Department: _____

Address: _____

City, State, Zip: _____

Tel: _____ Fax: _____

Pager: _____ Cell: _____

Email: _____

Website: _____

Special Instructions: _____



Attach your recent business card, if available



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How to fill out the “Card Information” section of the request form

- Name: your name
- Title: Student Dentist
- School Affiliation: Boston University Henry M. Goldman School of Dental Medicine
- Department: Department of General Dentistry
- Address: 100 East Newton Street, 5th Floor
- City, State, Zip: Boston, Massachusetts 02118
- Tel: (Clinic) 617-638-6565, five-digit mailbox number
- Cell: your cell phone number
- Email: your BU email address
- Website: <http://www.bu.edu/dental>



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Steps to obtaining business cards

- Fill out order form
- Submit completed order form and payment to the Office of Student Affairs
- Pick up cards from the Office of Student Affairs when ready
 - Approx. 7-10 business days