

Please email this form to aptlife.graphics@gmail.com

Your Information

Name _____ Area _____

Phone Number _____ E-Mail _____

Program Information

Day of the Week _____ Date _____

Time _____ Location _____

Program Title _____

Description of Program (This is what you want the poster to say)

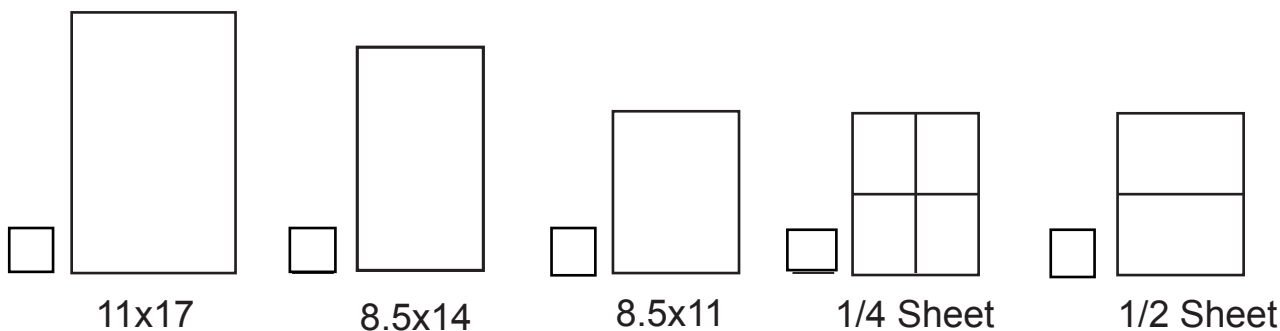
Other Information

Who else needs to approve this poster? (Names and emails)

Design Deadline _____

(This is when you want the poster ready to print! You are responsible for printing so leave enough time to have the poster printed and hung up. I require AT LEAST two weeks to guarantee you would receive a poster before your deadline. I reserve the right to say no if I am not given a full two weeks.)

Color or Black and White _____



Anything else? _____
