

POSTER PRINTING ORDER FORM

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| Date Submitted | Required Date | Job Number | Quote N# | Cost |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

via Gate 11 Botany Street, Level 1, 157 Mathews Building, Kensington, NSW 2052T: (02) 9385 3222 E:unswprint@unsw.edu.au

Please use Adobe Acrobat Reader (free to download from [here](#)) or a full version of Adobe to complete this form

CLIENT DETAILS (Required prior to order being processed)

| | | | | |
|----------------------|----------------------|-----------------------|----------------------|--|
| Submitted by | Tel/Extn. | Email | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Position/Title | School/Department | Building/Location No. | Room | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

PAYMENT METHOD

| | | | | | |
|--|---------------------------------|---------------------------------|----------------------|----------------------|----------------------|
| <input type="checkbox"/> Account (Please complete details below) | <input type="checkbox"/> EFTPOS | EFTPOS Payment Received (Date): | <input type="text"/> | | |
| Financial Approver: | <input type="text"/> | Authorised by: | <input type="text"/> | | |
| Position/Title: | <input type="text"/> | Date: | <input type="text"/> | | |
| Account | Fund | Department ID | Program | Class | Project |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

COPYRIGHT DECLARATION

| | | | |
|---|----------------------|--|----------------------|
| Submitted by: | <input type="text"/> | Persons submitting material for printing need to be aware of their obligations under the <i>Copyright Act 1968</i> . Information concerning these obligations can be found at www.copyright.unsw.edu.au . Staff should familiarise themselves with <i>A Short Guide to Copyright for UNSW Staff</i> . | |
| Please select one only: | | Title/Position: | <input type="text"/> |
| <input type="checkbox"/> I declare that copying this material will not infringe copyright. | | Authorised by: | <input type="text"/> |
| <input type="checkbox"/> I am authorised to make a declaration on their behalf that copying this material will not infringe copyright | | | |

REQUEST DETAILS

| | | | | |
|--|--|----------------------|---|------------------------------------|
| Job Title | Originals | Copies | <input type="checkbox"/> Quote | Orientation |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> PDF Proof | <input type="checkbox"/> Portrait |
| | | | <input type="checkbox"/> Hardcopy Proof | <input type="checkbox"/> Landscape |
| Finished Size | Printing | | | |
| <input type="checkbox"/> A2 (420 x 594) <input type="checkbox"/> A1 (594 x 841) <input type="checkbox"/> A0 (841 x 1189) <input type="checkbox"/> B0 (1000 x 1414) <input type="checkbox"/> Other <input type="text"/> | <input type="checkbox"/> Black & White <input type="checkbox"/> Colour | | | |
| Printing Stock | Lamination | | | |
| <input type="checkbox"/> Matt 140gsm <input type="checkbox"/> Matt 180gsm <input type="checkbox"/> Gloss 180gsm <input type="checkbox"/> Gloss 260gsm | <input type="checkbox"/> | | | |
| <input type="checkbox"/> Woven Cloth <input type="checkbox"/> Canvas | Mounting | | | |
| | <input type="checkbox"/> | | | |

SPECIAL INSTRUCTIONS

| |
|----------------------|
| <input type="text"/> |
|----------------------|

File Specifications (Important - Please Read) We require PDF file in actual size with minimum 300dpi with all fonts embedded or converted to outline. Please flatten to one layer and delete other layer(s). To check the resolution of your PDF, view the file in Actual Size.

DELIVERY OPTIONS

| | | | | | |
|--|-------------------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="checkbox"/> Delivery Required * | Deliver to | Address | | | |
| | <input type="text"/> | <input type="text"/> | | | |
| * Delivery charges will apply | Building/Location No. | Room | City | State | P/Code |
| Date Delivered | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Special Delivery Instructions | Received by | | | |
| | <input type="text"/> | <input type="text"/> | | | |

| | | |
|--|----------------------|----------------------|
| <input type="checkbox"/> Collect Order | Date Collected | Received by |
| | <input type="text"/> | <input type="text"/> |