PRINTING REQUEST FORM

Instructions: Complete all applicable sections of this form.
Fax completed form to 513-585-6484.

Today's Date: ____________________  Completion Deadline: ______________ (do not put asap/stat)
Name: ______________________________________________________________________________
Service Location: _______________________________________  Department/Cost #: ________________________________
Department: __________________________________________  Phone: ___________________  Fax: ________________
Name/Description of Material(s): HIPPA BOOKLET/POSTER

☐ HIPAA Booklet English  Quantity: ______
☐ HIPAA Booklet Spanish  Quantity: ______

☐ HIPAA Poster 24” X 36” English  Laminated Only  ☐ Mounted and Laminated  Quantity: ______
☐ HIPAA Poster 24” X 36” Spanish  Laminated Only  ☐ Mounted and Laminated  Quantity: ______
☐ HIPAA Poster 12” X 18” Wall Cling English  Quantity: ______
☐ HIPAA Poster 12” X 18” Wall Cling Spanish  Quantity: ______

All Posters Printed in Color

OTHER INSTRUCTIONS

FOR PRINTING DEPARTMENT USE ONLY

Printed by/Date: ______________  Bindery by/Date: ______________  Shipped by/Date: ______________  Rev. 7/18

DELIVERY INSTRUCTIONS  (Be specific; if more than one delivery location, attach a second sheet with appropriate information.)
MUST BE FULLY COMPLETED FOR SUCCESSFUL DELIVERY OF YOUR PRINTING REQUEST.

Name: _____________________________________________________________________________  Phone: ________________________________
Service Location: ___________________________________________________________________  Building: ________________________________
Department: ________________________________________________________________________  Floor: ____________  Room: ________________