




UNIVERSITY OF CALIFORNIA, SAN DIEGO BUSINESS CARD ORDER FORM

CSC Building A • 534-3020
534-8120 Fax • Mail Code 0031

NOTE: This form MUST be accompanied by a completed Imprints Request Form (FO2040)



1 NAME
2 Official Title

UNIVERSITY OF CALIFORNIA, SAN DIEGO

3 Department Name
3a Building Name
9500 Gilman Drive
4 La Jolla, California 92093-0000

5 TEL: (858) 534-0000
6 FAX: (858) 534-0000
7 address@ucsd.edu
8 www.ucsd.edu

UCSD SEAL (PREFERRED)
(blue/gold seal, back ink text)
250 = \$88.62 / 500 = \$93.62 / 1000 = \$123.62

1. (Name) _____

2. (Title) Line 1 _____
Line 2 _____

3. (Department Name) _____

3a. (Building Name) _____


4. (Mail Code) _____

5. (Telephone) _____

6. (Fax) _____

7. (Email address) _____

8. (URL address) _____



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UCSD SEAL OPTION 2
(blue thermograph seal, black ink text)
250 = \$25.00 / 500 = \$28.00 / 1000 = \$34.00

1. (Name) _____

2. (Title) Line 1 _____
Line 2 _____

3. (Department Name) _____

3a. (Building Name) _____

4. (Mail Code) _____


5. (Telephone) _____

6. (Fax) _____

7. (Email address) _____

8. (URL address) _____

UNIVERSITY OF CALIFORNIA, SAN DIEGO



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UCSD SEAL OPTION 3
(black thermographic seal and text)
250 = \$21.00 / 500 = \$24.00 / 1000 = \$30.00

1. (Name) _____

2. (Title) Line 1 _____
Line 2 _____

3. (Building Name) Skaggs School of Pharmacy and
Pharmaceutical Sciences

3a. (Department Name) _____

4. (Mail Code) 0750

5. (Telephone) _____

6. (Fax) _____

7. (Email address) _____

8. (URL address) _____

QUANTITY: 250
 500
 1000

PLEASE FAX PROOF BEFORE PRINTING:
(\$6.00 per proof)

Fax # _____

FOR OFFICE USE ONLY

JOB NO. _____
