

POSTER PRINTING REQUEST FORM



INFORMATION

Date of Request: _____ Date Needed: _____

Name: _____

Telephone: _____

E-mail: _____

Check the appropriate box and fill in information.

MUSM Faculty and Staff

Department within MUSM: _____

MUSM Student

Program and year: _____

Authorizing faculty member (required): _____

Resident

Program and Hospital: _____

Name of MUSM faculty member that is first or last author: _____

E-mail of MUSM faculty member that is first or last author: _____

The first or last author is not a MUSM faculty member. I agree to pay the \$5.50 per square foot fee.

Other (I agree to pay the \$5.50 per square foot fee.)

POSTER SIZE

(Print Size: H _____" x W _____") Note: One dimension must be 44 inches or less

INSTRUCTIONS

GUIDANCE FOR POSTER REQUESTS

The MUSM Office of Communications provides free poster printing support for full-time faculty, staff and students in MUSM's MD, PhD, and Master's programs. If a resident is printing a poster and the first or last author is a MUSM faculty member, then the service is free. Residents and other Mercer University students may also request our services, but are subject to a \$5.50 per square foot fee. Payments may be made via check, payable to Mercer University School of Medicine, memo line to read: Poster Printing.

Please initial by each guideline stating you understand your responsibilities as poster author:

_____ I am submitting my poster at least two full business weeks prior to its due date. I understand that if I am submitting this file any later, I am not **guaranteed** it will be printed by my requested deadline.

_____ I will be sent a proof of my poster once it is formatted for print; it is my responsibility to thoroughly review this proof for errors, typos, or formatting correction. **Re-prints cost \$5.50 per square foot of poster and will not be printed until the payment is made, in full, to the Office of Communications.**

When you have completed this form, please email it to:
knight_jt@mercer.edu