

PRINTING & MAIL SERVICES BUSINESS CARD WORK SHEET

Please print clearly the information to be included on your business card:

Name (Degree): _____

Email: _____

Department: _____

Title: _____

Department Location: _____

Telephone (Office): _____

Website: stcloudstate.edu/ _____

Cell: _____

Business card backside choice: (circle one)

Fax: _____

A B C D (Blank)


If no backside is indicated, Option D will be used.

A Printing Services Request Form will also need to be provided to complete your order.

Front of card

 ST. CLOUD STATE UNIVERSITY EDUCATION FOR LIFE. stcloudstate.edu	<p>Your Name Here Your Title Here</p> <p>T 320.308.0000 / C 320.000.0000 F 320.308.0000 YourName@stcloudstate.edu</p> <p>Department of Campus Involvement Atwood Memorial Center 720 4th Ave S St. Cloud, MN 56301-4498</p>
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Pick one choice for backside of card

	A
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If you have any questions, please contact

Printing Services at:

320-308-2105 or printingservices@stcloudstate.edu

Printing & Mail Services

Brown Hall Basement

720 Fourth Ave. S.,

St. Cloud, Minnesota 56301-4498

Hours

Regular Hours: Monday - Friday, 8 a.m. - 4:30 p.m.

Summer Hours (May - August): 7:30 a.m. - 4:00 p.m.

	B
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	C
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PRINT & MAIL SERVICES

ST. CLOUD STATE UNIVERSITY

BLANK BACKSIDE (NO PRINTING ON 2ND SIDE) D