

1

Billing information

Today's Date _____

Delivery Date _____

You should receive a proof from Creative Communications within 3 days (M-F). If there is a question or problem with your request, you will be alerted to a potential delay.

Contact Name _____

Department _____

Account/Billing Number _____

email _____

Phone Number _____

Quantity 100 250 500 1000

Delivery Location _____



Sample Business card

2

Choose your logo



3

Type your business card information *Only fill out the lines needed.*

Name with credentials _____

Title _____

Title (line 2) _____

Department _____

Section (school of medicine only) _____

Address _____

Address (cont.) _____

Phone Number _____

Fax Number _____

Cell Number _____

Pager Number _____

email _____

Website – *WakeHealth.edu* or *BrennerChildrens.org/* _____

4

From the FILE menu choose "SAVE AS" and name this PDF with the contact person's name. i.e. "john smith.pdf"

5

Click to send as an email attachment to **Creative Communications**

A PDF proof will be sent to the contact person and must be approved before anything will be printed.