

Placard Artwork Approval Form

PLEASE DO NOT send back this form blank. It **ALL MUST** be filled out- even on repeats!

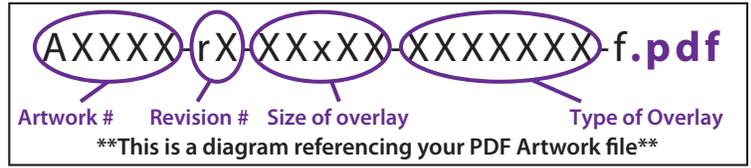
We **WILL NOT** begin production until this form is completed.

A Note from the Manufacturers:

The client is also responsible for orientation, foreign language translations, spelling, punctuation, grammar, variable data, logos, graphics, colors, etc. These elements can be checked using the two PDF proofs provided.

The "Artwork"

Use the **PDF files** you received via email when filling this section out. See diagram to the right for reference.



Layout Front

Artwork #: A _____ Revision # of artwork: r _____ Quantity of Placards ordered: _____

Back

Artwork #: A _____ Revision #: r _____ OR Back is Bare-Just One Side Printed

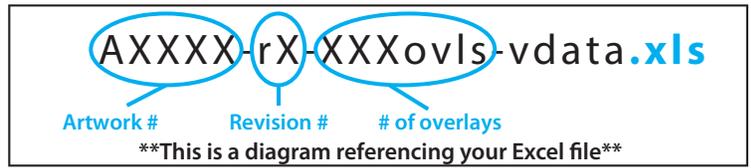
Size

Rectangle _____ Height Corners are rounded - How many are rounded _____
 Triangle _____ Width

- I have proofread the text and hereby approve the grammar, syntax, spelling, and punctuation on the board.
- I have carefully inspected the graphic elements including dividing lines, clip art, logos, and colors and hereby approve the quality, alignment, and appearance of the overlay.

"Variable Data"

Variable data (pre-printed room and phone numbers that vary overlay to overlay) is an optional service. If ordered, use the **Excel file** you received via email when filling this section out. See diagram to the right for reference.



Front of Insert

- There is **no** variable data.
 - There is Variable Data on Front
- Revision # of Excel file: _____
- # of Blanks: _____

Back of Insert

- There is **no** variable data.
 - There is Variable Data on Front
- Revision # of Excel file: _____
- # of Blanks: _____

By signing this approval, I understand that the overlays are custom made and are not returnable for any of the approved items on this form. I understand that I will get exactly what I am signing off on and I will accept what I have approved. I understand that any deviations or defects from the approved artwork will be replaced at Indoff's expense.

Your Signature and Date

Your Supervisor's Signature and Date (Optional)

Purchase Order Number from Purchasing or Materials Dept. (Optional)

Purchasing Organization, Company, or Hospital

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