

Un-Framed Styrene Board Single sided Artwork Approval Form

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

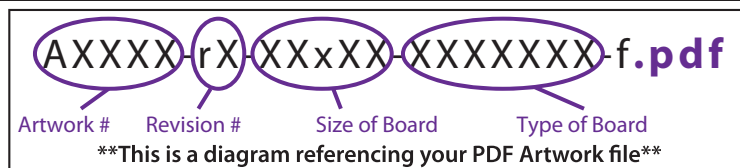
We **WILL NOT** begin production until this form is completed.

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

Artwork #: A _____

Revision # of artwork: r _____

Quantity of Placards ordered: _____

☐ Back is Bare-Just One Side Printed

Size

☐ Rectangle _____ Height

☐ Corners are rounded - How many are rounded _____

☐ Triangle _____ Width

☐ It is OK that they are not Dry erase

☐ It is OK That there is no Frame

☐ .020" Styrene

☐ They Must Be Dry Erase

☐ It is OK there is no mounting hardware

☐ .040" Styrene

☐ Back must have Peel & Stick Adhesive

☐ .060" Styrene

☐ 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 Board

☐ 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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Indoff  **Hospital Boards**