



Department of Communications and Marketing

Business Card Request

Please print clearly.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Address:  Main College Address, 202 S. Halsted St., Chicago Heights 60411

Matteson Area Center, 4821 Southwick Dr., Matteson, IL 60443

Other \_\_\_\_\_

Standard quantity is 500. Please indicate any special requests for your business card below. For example, different quantity, appointment information on reverse side, etc. Quantity varies for in-house printing.

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**MANDATORY: All requests must have the following signatures.**

Approved by immediate supervising administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by president or vice president: \_\_\_\_\_ Date: \_\_\_\_\_

Title verified by Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

When all signatures are secured, please return this form to Communications & Marketing.

Received by Communications & Marketing: \_\_\_\_\_ Date: \_\_\_\_\_