WINONA STATE UNIVERSITY
SIGNAGE AND SIGN INSERT ORDER FORM

This form can be filled out using Adobe Acrobat; it cannot be saved unless you are using Adobe Acrobat Professional. Please designate: 1) the type of sign needed (check the appropriate box below); 2) which component of the sign you need (outlined in the sign descriptions below); and 3) specify the sign details in the space provided at the bottom of the form. Feel free to use the back side of this form or attach additional sheets if necessary. Send a printed copy of the form to: Nancy Nelton, Facilities Services (phone 457.2719).

☐ ***C2: LARGE DEPARTMENT WALL SIGN (11 ¼" wide x 23 ¾" long)***
This sign is made up of three parts: 1) Header - the silver area at the top that includes the department name and room number; 2) Faceplate - the plastic cover that holds the paper insert; and 3) the 11" x 17" paper insert. Check which of the following component(s) of the C2 sign you need: ___ new C2 sign; ___ new C2 header only; ___ C2 paper insert only; or ___ both header and paper insert.

☐ ***D4: INDIVIDUAL ROOM SIGN (6" wide x 4 ½" long)***
This sign is made up of two parts: 1) Faceplate (one piece) – the plastic cover and the silver area at the top that includes the room number; and 2) the 6" x 2 ½" paper insert. Check which of the following component(s) of the D4 sign you need: ___ new D4 sign; ___ new D4 faceplate only; ___ D4 paper insert only; or ___ both face plate and paper insert. Maximum: 3 lines.

☐ ***D5: SMALL DEPARTMENT WALL SIGN (6" wide x 6 ½" long)***
This sign is made up of two parts: 1) Faceplate (one piece) – the plastic cover and the silver area at the top that includes the room number; and 2) the 6" x 4 ½" paper insert. Check which of the following component(s) of the D5 sign you need: ___ new D5 sign; ___ new D5 faceplate only; ___ D5 paper insert only; or ___ both faceplate and paper insert. Maximum: 7 lines.

Specify sign details here (make sure to check which component of the sign you need).

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Submitted by: _____ Date: _____

Department: _____Bldg/Rm #: _____ Phone #: _____