

# Business Card Work Sheet

**SAMPLE WORK SHEET**  
 For Business Card Work Sheets,  
 fax a Forms Order Sheet to 2-1105 or call 2-6297.

- Please fill out the form below **exactly** as you want it to read, including spaces, punctuation, and capitalization.
- All information will be presented in accordance with the approved format.
- Proof read carefully, information will be set **exactly** as submitted.
- **Worksheet must be typewritten (preferred) or printed by hand.**

Choose Logo:  
 (Select One)

- Stony Brook University
- Stony Brook University Hospital
- University Physicians @ Stony Brook

- Health Sciences Center
- HSC School of Medicine
- HSC School of Health Technology and Management

- HSC School of Nursing
- HSC School of Social Welfare
- HSC School of Dental Medicine

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

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

Department: \_\_\_\_\_

Clinical or second Title (if applicable): \_\_\_\_\_

Campus Address (Building/Level/Room): \_\_\_\_\_

Street Address (only off-campus locations): \_\_\_\_\_

City/State (only off-campus locations): \_\_\_\_\_

Zip + 4 number (11794 is assumed unless specifically indicated otherwise): \_\_\_\_\_


Phone Number: 631 - \_\_\_\_\_ Fax Number (optional): 631 - \_\_\_\_\_

Home Phone, Pager or Beeper Number (optional): \_\_\_\_\_

E-Mail (optional): \_\_\_\_\_

Web Address (optional): \_\_\_\_\_


## Sample Cards



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