

New Style Business Card Order Sheet **Quantity** _____

Special options

Check if apply or list change

- Remove Room#
- Remove Phone
- Remove Fax
- Remove website
- Change Phone area code to: _____
- Change Fax area code to: _____

- Remove first line of address
or change to _____
- Remove second line of address
or change to _____
- Remove Physical address
or change to _____
- Remove email
or change to _____



Name _____,
Credentials _____
Title _____

College of
Nursing

Nursing Building, Room _____
103 E. Spokane Falls Blvd.
Mailing Address: 412 E. Spokane Falls Blvd.
Spokane, WA 99202
_____ (Phone) | Fax _____
Cell _____ (Optional)
_____@wsu.edu
www.nursing.wsu.edu