

3 sided Roatating Board Artwork Approval Form

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.

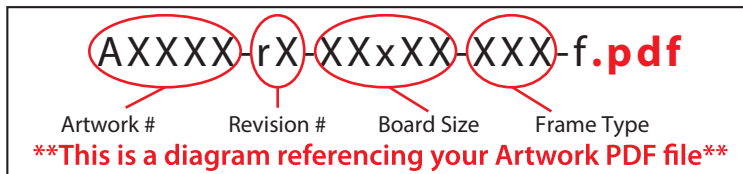
A Note from the Manufacturer:

The client is responsible for ordering the correct board size, orientation, foreign language translations, frame type, spelling, punctuation, grammar, variable data, layout, logos, graphics, colors, etc. These elements can be checked using the two PDF proofs provided.

To assist you in proofing your artwork, page 2 of this file is an **Artwork Proofing Worksheet**. We highly recommend you use the worksheet to make sure that your artwork is exactly as you want it before signing this form. Please take your time! These boards are costly, last a long time, and cannot be modified once manufactured. Please don't rush through the review/approval process.

The "Artwork"

Use the **PDF files** you received via email when filling this section out. **See diagram to the right for reference.**



Panel 1: Artwork #: A _____ Revision # of Artwork: R _____ Gets Filmed with DaPlus



Panel 2: Artwork #: A _____ Revision # of Artwork: R _____ Gets Filmed with DaPlus

Panel 3: Artwork #: A _____ Revision # of Artwork: R _____ Gets Filmed with DaPlus

"Variable Data"

There is **no** variable data. OR **Panel 1 2 3** have Vdata in Excell file A _____ R _____

All Panels is 3 sided are 48" tall by 24" wide and layout shows the 1/4" covered when in frame

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 board.

By signing this approval, I understand that the boards 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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