

# Placard Artwork Approval Form

**PLEASE DO NOT** send back this form blank. It **ALL MUST** be filled out- even on repeats!

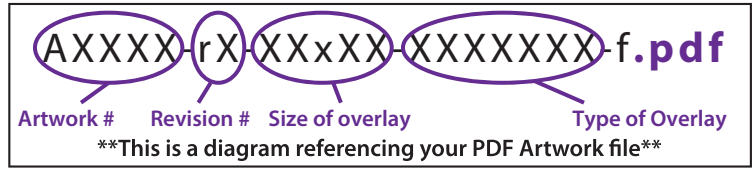
We **WILL NOT** begin production until this form is completed.

## A Note from the Manufacturers:

The client is also responsible for orientation, foreign language translations, spelling, punctuation, grammar, variable data, logos, graphics, colors, etc. These elements can be checked using the two PDF proofs provided.

## The "Artwork"

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



### Layout Front

Artwork #: A \_\_\_\_\_

Revision # of artwork: r \_\_\_\_\_

Quantity of Placards ordered: \_\_\_\_\_

### Back

Artwork #: A \_\_\_\_\_

Revision #: r \_\_\_\_\_ OR

Back is Bare-Just One Side Printed

Back is covered by a magnet

### Size

Rectangle \_\_\_\_\_ Height

Corners are rounded - How many are rounded \_\_\_\_\_

Triangle \_\_\_\_\_ Width

It is OK that they are not Dry erase

.020" Styrene

They Must Be Dry Erase  6-year Daplast Film

.040" Styrene

UV 2 year Dry Erase

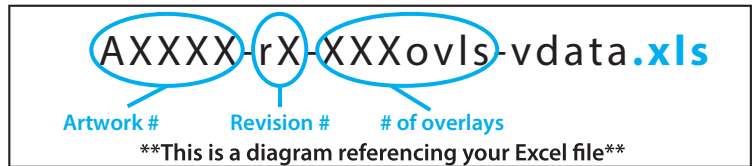
.060" Styrene

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 overlay.

## "Variable Data"

Variable data (pre-printed room and phone numbers that vary overlay to overlay) is an optional service. If ordered, use the **Excel file** you received via email when filling this section out. See diagram to the right for reference.



### Front of Insert

There is **no** variable data.

There is Variable Data on Front

Revision # of Excel file: \_\_\_\_\_

# of Blanks: \_\_\_\_\_

### Back of Insert

There is **no** variable data.

There is Variable Data on Front

Revision # of Excel file: \_\_\_\_\_

# of Blanks: \_\_\_\_\_

By signing this approval, I understand that the overlays 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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