METRO GRAPHICS	Request for Printing Name Tags Metro Graphics, LLC Phone (901) 417-7128			Tags Rhodes College
COM	IPLETE FORM, SAVE TO DESK	TOP, AND EMA	IL TO: d	esign@GoMetroGraphics.com
Department:	ent: Date Submitted:			
Account #:		Date Need	ed:	
	ORDERED BY:			DELIVER TO:
Name:		Building:		
Phone:	Room #:			
Email:		Add'l Info:	_	
	CA	RD INFORMATI	ON	
One magnetic silver			Sample Tags	
□ Silver □	Black (check one)			Rhodes College
Please enter below t			First Last	
Name:		-		Title Other optional information
Title:				
Other:			Black	Rhodes College First Last Title Other optional information

Request for Printing Name Tags

Fill out your information EXACTLY as you want it to read on your tag. Please be sure the information is correct on the form; your order will be delayed if changes have to be made after the initial typesetting. A proof will be emailed to you; please call or email Metro Graphics to either make changes or to approve the proof. Your name tag will be delivered to campus and you will be notified when you can pick it up.