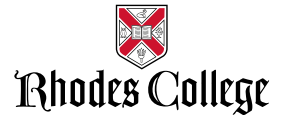




Request for Presentation Folder

Metro Graphics, LLC
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COMPLETE FORM, SAVE TO DESKTOP AND EMAIL TO: design@GoMetroGraphics.com

Department: _____

Date Submitted: _____

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Date Needed: _____

ORDERED BY:

DELIVER TO:

Name: _____

Building: _____

Phone: _____

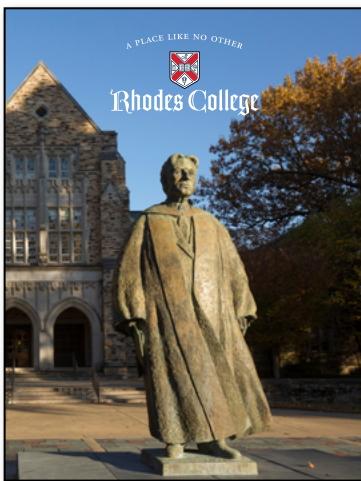
Room #: _____

Email: _____

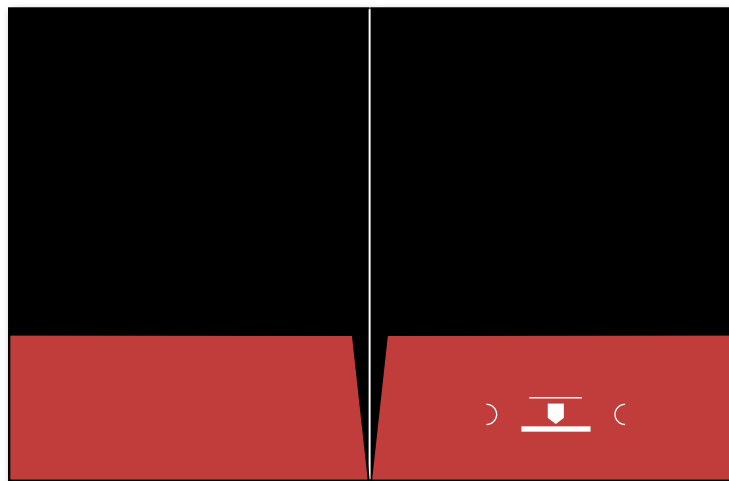
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