

# 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 \_\_\_\_\_



COLLEGE OF NURSING

name \_\_\_\_\_ cred. \_\_\_\_\_

Title \_\_\_\_\_

Nursing Building, Room \_\_\_\_\_

Mailing Address: P.O. Box 1495

Spokane, WA 99210-1495

Physical Address: 103 E. Spokane Falls Blvd.

Phone: 509-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ • Fax: 509-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ • Cell \_\_\_\_\_ (Optional)

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