



CUSTOM ARTWORK REQUEST FORM

Ordered By: _____

Date: _____

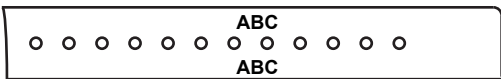
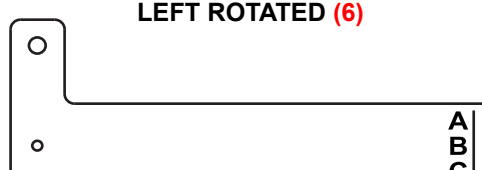
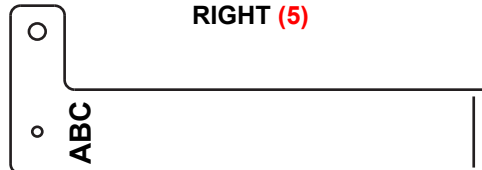
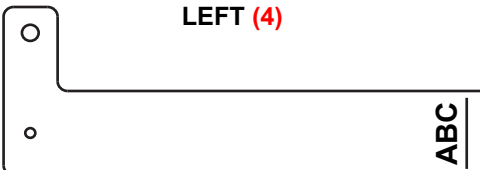
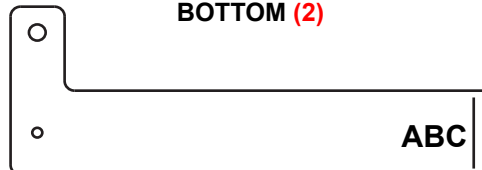
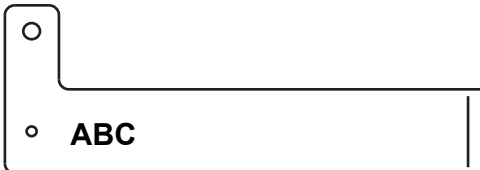
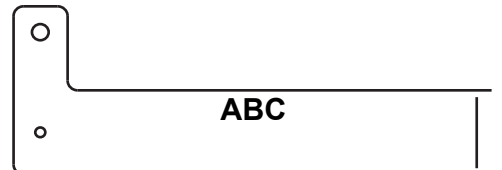
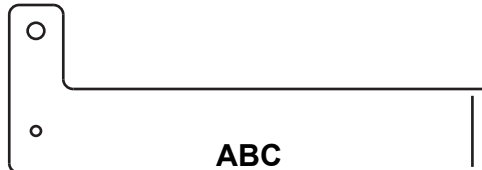
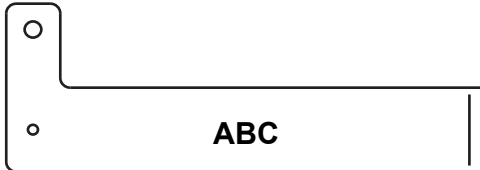
Facility: _____

Phone No.: _____

Customer No.: _____

Wristband Cat. No.: _____

PLEASE CIRCLE THE DESIRED LOCATION OF YOUR TEXT



OTHER LOCATION? PLEASE SPECIFY: _____

TEXT TO BE IMPRINTED: _____

IMPRINT COLOR: BLACK WHITE

TEXT: ALL CAPS Upper and Lower case

Please send *Custom Artwork Request Form* back to your St. John representative either by E-mail or Fax. A proof will be sent for your approval.

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