



UNITED TRIBES
TECHNICAL COLLEGE

BUSINESS CARD ORDER FORM

*Today's Date:

*Contact Email:

*Quantity:

*Contact Name:

CARD INFORMATION:

All information entered below is **EXACTLY** how it will appear on your card. *Required.

*Name:

Degree or Licensure:

*Title:

*Department:

Building:

*Phone or Ext:

Cell:


Fax:

*Email:

Other:

☐ HORIZONTAL

☐ APPOINTMENT CARD BACK

	YOUR NAME, Ed.S. JOB TITLE
UNITED TRIBES TECHNICAL COLLEGE DEPARTMENT NAME TWO LINES IF NEEDED	Phone: 701-221-1234 C: 701-202-1234 F: 701-224-1234 yname@uttc.edu
WWW.UTTC.EDU	3315 University Drive Building Location, Room XX Bismarck, North Dakota 58504



You have an appointment scheduled on:	
Date: _____	Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<i>If unable to keep appointment please give 24 hr notice.</i>	
	

Note: An alternate back side featuring an appointment card is also available for the horizontal option only. If you do not request this alternative when ordering your business card will be printed with the standard back. Reprints are charged at regular price.