

**DEPARTMENT OF PHYSIOLOGY & BIOPHYSICS
POSTER PRINTING REQUEST**

Date/Time of Printing_____

Requestor's Name_____

Phone_____ E-mail_____

PI's Name_____

Department_____

Number of Posters Printed_____ @ _____

Number of Poster Mailers_____ @ \$5.00 each _____

Total charges_____

CWRU ACCOUNT TO BE CHARGED _____

Signature of Department Administrator Date

Phone Location Code

Posters are \$75 each for non-affiliated faculty. For faculty with primary and secondary affiliation with the Department, posters are supplemented 50% by the Department and are \$35.

Poster mailers are \$5.00.

Contact Person: Joseph Winkler (5529) Fax (5586)