

Knowledge Resources and Technologies

Customer Service Form

FAX, email, or hand deliver this form to Sylvia Himmelright FAX:7241

Project & Description _____

Name _____ Branch _____

Phone _____ Fax _____

Today's Date _____

Date Needed _____

Allow at least 10 workdays to complete projects; 12 workdays for notebooks that are to be delivered on campus; and 14 workdays for notebooks that are to be shipped outside of NCTC. Online course development varies.

Check One

- ☐ **Graphic Design and Publishing**
- ☐ **Notebook Production**
(fill out notebook section below)
- ☐ **Video Production or Studio Broadcast**
- ☐ **Still Photography**
- ☐ **Video Duplication** ☐ DVD ☐ CD Qty. _____
- ☐ **Learning Resource Management/ Distance Learning**
- ☐ Consultation ☐ Writing/Editing
- ☐ Library Resources ☐ Instructional Design
- ☐ Instructional Tech. ☐ Other (description of project required in "Special Instructions")

Fill this part out for notebook production

Course Name _____

Catalog Number _____

Course Location _____

Course Date _____

Impressions	Binding	Tabs	Notebook Size
<input type="checkbox"/> Single-sided	<input type="checkbox"/> Stapled <input type="checkbox"/> 3-Ring	<input type="checkbox"/> A-Z <input type="checkbox"/> 1-5 <input type="checkbox"/> 1-8 <input type="checkbox"/> 1-10	<input type="checkbox"/> 1/2" <input type="checkbox"/> 1"
<input type="checkbox"/> Double-sided	<input type="checkbox"/> Glue Binding	<input type="checkbox"/> 1-15 <input type="checkbox"/> 1-20 <input type="checkbox"/> 1-31 <input type="checkbox"/> XEROX	<input type="checkbox"/> 1 1/2" <input type="checkbox"/> 2" <input type="checkbox"/> 3"

How Many _____

Number of Pages _____

Graphic Design

Inside Cover/Title Page ☐ No ☐ Yes (For 3-ring Binders/Includes copyright disclaimer)

Number of Color Pages _____

Send Proof To _____

If the proof is not returned in 24 hours, the job will be run without review.

Special Instructions

For TEMP Division Use Only

TEMP Number _____

Date Received _____

Branch Chief _____

Assigned to _____

Cover Due _____

DUE DATE

Date Completed _____

When/How Delivered _____

☐ **Paying Customer**

Clerical Hours _____

Design Hours _____

Production Hours _____