**Department of Psychiatry and Behavioral Sciences**

**FRONT OF BUSINESS CARD**

|  |  |  |
| --- | --- | --- |
| |  |  | | --- | --- | | Name (Caps & Lowercase), Credentials (ALL CAPS with No Punctuation) (30 Character max including spaces & punctuation): |  | |
| |  |  | | --- | --- | | Primary Title (1 line maximum) (36 Character max including spaces & punctuation): |  | |
| |  |  | | --- | --- | | **\***School Name (select from drop-down menu): |  |  |  |  | | --- | --- | |  |  | |
| |  |  | | --- | --- | | Main or Direct Phone Number: | **e.g. 222.222.2222** | |
| |  |  | | --- | --- | | Street Address: |  | |
| |  |  | | --- | --- | | City: |  | |
| |  |  | | --- | --- | | Zip Code: |  | |
| |  |  | | --- | --- | | Main university or school website OR email address: |  | |
| |  |  | | --- | --- | | Department Name: |  | |
| |  |  | | --- | --- | | **\***  **BACK OF BUSINESS CARD**  Name (Caps & Lowercase), CREDENTIALS (All Caps with no punctuation): |  | |
| |  |  | | --- | --- | | **\***Primary Title (employee or faculty position): |  | |
| |  |  | | --- | --- | | Second Line of Primary Title (if needed): |  | |
| |  |  | | --- | --- | | Third Line of Primary Title (if needed): |  | |
| |  |  | | --- | --- | | School/Institution affiliation, if secondary title needed: |  | |
| |  |  | | --- | --- | | Secondary Title for other school/unit affiliation, if needed: |  | |
| |  |  | | --- | --- | | School/Institution affiliation for secondary title, if needed: |  | |
| |  |  | | --- | --- | | Email Address: |  | |
| |  |  | | --- | --- | | Phone number 1: | **e.g. 222.222.2222** | |
| |  |  | | --- | --- | | Phone Number 1 Caption (direct, fax, pager, cell, clinic, etc.): |  | |
| |  |  | | --- | --- | | Phone Number 2: | **e.g. 222.222.2222** | |
| |  |  | | --- | --- | | Phone Number 2 Caption (direct, fax, pager, cell, clinic, etc.): |  | |
| |  |  | | --- | --- | | Phone Number 3 or Website for Department (if not using three phone numbers; no http://): |  | |
| |  |  | | --- | --- | | Phone Number 3 Caption (direct, fax, pager, cell, clinic, etc.)(Leave blank if using website in previous field): |  | |
| |  |  | | --- | --- | | Website for department (if three phone numbers are needed; no http://): |  | |
| |  | | --- | |  | |