



Albert Einstein College of Medicine

Data for Fabrication of Signs Form

To accompany work order from (Requester's Name): _____

Department: _____ Phone: _____ Date: _____

1. Insert sign dimensions and exact wording below:

Click here and enter width.

Click here and enter height.

2. Color of background: _____

3. Color of lettering: _____

4. Size of lettering (may be adjusted to fit)*: _____

5. Quantity: _____

6. To be wall-mounted? Yes ___ No ___ If Yes: Flush ___ Protruding ___

7. Is this a replacement to go into an existing slide holder? Yes ___ No ___

If Yes: Height: _____ Width: _____

8. Installation site: Building: _____ Room Number: _____

9. Special Conditions:

* Letter size may control size of sign

Requester's Signature: _____