Graphic Designer: Ryan Wise 970-491-4739 Please email this form to aptlife.graphics@gmail.com Your Information		
		D C
Name	Area	- 5
Phone Number	E-Mail	
Progr	am Information	
Day of the Week	Date	
Time	Location	-19
Program Title		
Description of Program (This is what you want the poster to say)		
Othe	er Information	7
Who else needs to approve this poster? (Names and emails)		

Design Deadline

(This is when you want the poster ready to print! You are responsible for printing so leave enough time to have the poster printed and hung up. I require AT LEAST two weeks to guarantee you would receive a poster before your deadline. I reserve the right to say no if I am not given a full two weeks.)

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Color or Black and White _

