

**POSTER PRINTER SERVICES GUIDELINES  
FOR STUDENTS AND FACULTY IN THE  
COLLEGE OF EDUCATION AND PROFESSIONAL STUDIES  
(Effective Fall 2016)**

1. Posters will be printed at no cost for **students or faculty members for class presentations, conference/professional meeting presentations, or student symposium/capstone events.** Posters for students for other purposes will be made at a cost of \$45.00 each. (NOTE: If a submitted poster needs to be reprinted due to author or designer error there will be a \$45 reprinting charge.)
2. Posters will be printed on weekdays when school is in session; all printing is by appointment only.
3. One week (**5 work days**) of notice is required.
4. Posters will be accepted in the preferred Adobe Acrobat (.pdf) format or as a PowerPoint file **ONLY**.
5. Poster width (if portrait) or height (if landscape) must be no larger than **44 inches**.
6. No more than two colors may be used with the exclusion of photos, graphs, and text. Please avoid using a background color for the body of the poster, especially dark colors.
7. Poster must be approved by the faculty member. The items required (see #8) should then be delivered to EDU 105 along with this form. If the information required is emailed to [cepscopy@uco.edu](mailto:cepscopy@uco.edu), printing will not begin until the signed paper form is received.
8. Poster printing requests should include all of the listed information below and an attachment (or flash drive) containing the poster file. Students and faculty are responsible for returning to pick up their posters on the date provided in the email.

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**You may type in this form and then print it for faculty signature (required).  
Take this completed signed form and the Acrobat or PowerPoint file to be printed to EDU 105.**

Name of Person Requesting Poster: \_\_\_\_\_ Department: \_\_\_\_\_

Contact Info: \_\_\_\_\_ Poster size (s): \_\_\_\_\_  
(Email/Phone Number) (Must match what is on the flash drive)

How Will Poster Be Used? \_\_\_\_\_

Date Emailed/Delivered to EDU 105: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Faculty Member Name \_\_\_\_\_

Faculty Member Signature: \_\_\_\_\_