NGCSU LOGO NAME TAG ORDER FORM

NAME:_____
First MI Last

PLEASE PRINT CLEARLY: please limit to less than 15 characters including spacing
Note: Going over limited space will condense engraving. Price subject to change without notice.

NO ORDERS WILL BE ACCEPTED AT BOOKSTORE FROM STUDENTS

NAME TAGS WILL BE SENT TO YOUR DEPARTMENT MEMBER FOR PICK-UP WHEN READY.

Please put a check mark beside the Title Required.

NURSING

____ ASN (contains name & title only)

____ BSN (contains name, RN & title)

____ FNP (contains name, RN & title)

In ordering this name tag I agree to the following:

A. I agree to wear this name tag at all times during field placement activities.

B. I agree to return the name tag to my department coordinator upon completion of my degree program or any other situation upon leaving the program. (This is a NGCSU legal requirement).

My signature is an acceptance of these terms.

_____ Date: _____
Students Signature

Name (print):_____

Phone #:_____

Email address:_____

DO NOT TAKE THIS FORM TO THE BOOKSTORE