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## QUANTITY

☐ 500 ☐ 1000 ☐ OTHER \_\_\_\_\_

## STOCK

☐ #10 LETTERHEAD MATCHING

☐ #10 PLAIN WHITE

☐ #10 WHITE WINDOW

☐ OTHER \_\_\_\_\_

## COLOR

☐ Green + Black or ☐ All Black

**COA IS REQUIRED TO BE  
RED, GREEN AND BLACK**

Information will appear in upper left corner  
of envelope like sample below

**UAB MEDICINE**

The University of Alabama at Birmingham  
Division, Unit, Center, etc  
0000 Building Name  
000 00th Avenue/Street South  
Birmingham, AL 00000-0000

☐ **UAB and CoA co-branding on UAB Medicine**

## INFO TO PRINTED ON ENVELOPE:

☐ Heersink School of Medicine

☐ O'Neal Comprehensive Cancer Center

Dept, Unit, Center, etc. *(required)* \_\_\_\_\_

Room/Suite # \_\_\_\_\_ Building Name \_\_\_\_\_

**ONLY ONE ADDRESS IS PERMITTED ON ENVELOPE (CHECK PREFERENCE)**

☐ **PHYSICAL ADDRESS:**

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

☐ **MAILING ADDRESS:**

Building Code and Suite/Room # *(required)* \_\_\_\_\_

### UAB CAMPUS:

☐ 1720 2nd Avenue South  
Birmingham, AL 35294-\_\_\_\_\_-

### TKC OF UAB HOSPITAL:

☐ 2000 6th Avenue South  
Birmingham, AL 35233-0271

### UAB HOSPITAL: (4-digit zip required)

☐ 619 19th Street South  
Birmingham, AL 35249-\_\_\_\_\_-

### OFF CAMPUS:

☐ \_\_\_\_\_  
\_\_\_\_\_

**If you are using an HSF account number, you must supply an HSF Internal Requisition.**

The HSF requisition must have the account number, object code, and the departmental authorized signature.

For Oracle account numbers, provide GL or GA string in space provided at bottom of page.

UAB EXT. / EMAIL

UAB EXT. / EMAIL

DEPARTMENT

ROOM NUMBER

DELIVER TO

UAB EXT. / EMAIL

ROOM NUMBER

EMAIL

For Oracle account numbers, fill out the information below. For HSF account numbers, please attach an HSF Internal Requisition.

DEBIT (DECREASE) ACCOUNT

## GL String

Debit Amount (optional)

[illegible]

## GA String

Debit Amount (optional)

[illegible]

*Thank you for your order!*

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