



# Bookstore Name Tag Order Form

Complete the following information for your name tag.

Email completed form to: [ndscs.bookstore@ndscs.edu](mailto:ndscs.bookstore@ndscs.edu)

Line 1 - Name:

Line 2 - Department:

Line 3 - Title:

**NDSCS** NORTH DAKOTA STATE COLLEGE OF SCIENCE

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**Name**  
 Department (1 line)  
 Title (2 lines)

Employee QTY

**NDSCS** NORTH DAKOTA STATE COLLEGE OF SCIENCE

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 **Name**  
 Alumni Foundation  
 Title

Alumni QTY

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**Name**  
 Workforce Affairs Division  
 Title



TrainND QTY

The following is REQUIRED to complete your order and it will be billed to your department.

Department / Fund #: \_\_\_\_\_ / \_\_\_\_\_ \$18.00 per name tag

Authorized Signature: \_\_\_\_\_

For questions please call Kelli @ 671-2227