

This order form is for UAB Medicine only.

If you need to order UAB University branded, please go to:

<https://www.uab.edu/toolkit/uab-brand/templates/stationery-letterhead>

If you have a **PREVIOUSLY PRINTED SAMPLE**, and there are **NO CHANGES**, attach the sample along with the ordering information on page 2 of this document. If there are **ANY CHANGES**, note them on your sample and attach the revised sample along with the ordering information. If you are submitting a brand new order, you may use a previously printed letterhead as a sample or fill out the information below. **Whether your order is new, has changes, or has no changes, please see page 2 of this document to fill out the ORDERING INFORMATION.** If you have questions, please call 934-3790.

UAB Printing - PH 934-3790 - Fax 934-3798 - printingservices@uab.edu

UAB MEDICINE

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PHYSICAL ADDRESS:

DEPARTMENT

(DIVISION - OPTIONAL)

(ROOM # AND OFFICIAL BUILDING NAME)

(STREET ADDRESS OF ABOVE BUILDING - include non-campus zip for INFORMAL cards)

Dept, Unit, Center etc: Division, Unit, etc: Mailing Address: BLDG 000
308 Physician's Office Building 1224 14th Avenue South 619 19TH ST S
205.000.0000 BIRMINGHAM, AL 35249-0000
Fax 205.000.0000

MAILING ADDRESS:

(BUILDING ABBREVIATION AND ROOM #)

UAB CAMPUS:
1720 2ND AVE S
BIRMINGHAM AL 35294- ____ - ____ - ____

THE KIRKLIN CLINIC OF UAB HOSPITAL:
2000 6TH AVE S
BIRMINGHAM AL 35233-0271

UAB HOSPITAL 4-digit zip required:
619 19TH ST S
BIRMINGHAM AL 35249- ____ - ____ - ____

OFF CAMPUS:

