Bookstore Name Tag Order Form

Complete the following information for your name tag.

Email completed form to: ndscs.bookstore@ndscs.edu

Line 1 - Name: _____

Line 2 - Department: _____

Line 3 - Title: _____

NDSCS NORTH DAKOTA STATE COLLEGE OF SCIENCE

Name

Department (1 line)

Title (2 lines)

Employee QTY ☐

NDSCS NORTH DAKOTA STATE COLLEGE OF SCIENCE

Name

Alumni Foundation

Title

Alumni QTY ☐

NDSCS NORTH DAKOTA STATE COLLEGE OF SCIENCE

Name

Workforce Affairs Division

Title

trainND SOUTHEAST

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