



**VERA Z. DWYER COLLEGE  
OF HEALTH SCIENCES**

INDIANA UNIVERSITY SOUTH BEND  
School of Nursing

**NAME TAG ORDER FORMS**

**For Students Enrolled in the BSN Program**

How would you like your name to appear? Please type or print.

*(Please note preferred names are acceptable, i.e. Kathy for Kathleen, however nicknames are not appropriate for name tags)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First and Last Name  
BSN Nursing Student

Indiana University South Bend



*black letters on white  
background*

Name: \_\_\_\_\_

Qty Ordered \_\_\_\_\_ @\$6.00 ea pin back  
\_\_\_\_\_ @\$7.75 ea magnet back

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Amt. \$: \_\_\_\_\_

Phone: \_\_\_\_\_

Mail Order to:  
P.A.C.  
3622 N. Home Street  
Mishawaka, IN 46545  
or FAX to:  
(574) 254-9001

Please place order at least 3 weeks  
prior to first day of classes.

You may pick up name tag at P.A.C.  
*or*  
have your name tag mailed to you via UPS  
*(there is a \$6.75 charge for this service)*  
or via regular mail for \$2.75.

Orders will not be processed unless payment is received along with the orders  
Credit cards are accepted.

Direct questions to Sue Ingle or Pat Jasper at (574) 254-9000.