

PrintED TEAM MEMBER ASSIGNMENTS

NOTE: Advisory Committee Members may not serve as Evaluation Team Members.

Date of Final Evaluation _____
Institution _____
Instructor _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____
Evaluation Team Leader _____

Areas to be evaluated:

Introduction to Graphic Communications
Evaluator _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

Advertising & Design
Evaluator _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

Binding & Finishing
Evaluator _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

Digital File Output
Evaluator _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

Digital File Preparation
Evaluator _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

Digital Production Printing
Evaluator _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

Offset Press Operations
Evaluator _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

Screen Printing Technology

Evaluator _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

Advanced Offset Press Operations

Evaluator _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

Advanced Digital File Preparation

Evaluator _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

Return via FAX to: (703) 620-3165

Return via USPS to: Graphic Arts Education and Research Foundation
1899 Preston White Drive,
Reston, VA 20191-4367 or fax