

PrintED TEAM MEMBER ASSIGNMENTS

NOTE: Advisory Committee Members may not serve as 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 _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

- Digital File Preparation and Output
Evaluator _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

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

- Graphic Design
Evaluator _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

- Offset Press Operations/Bindery & Finishing
Evaluator _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

- Screen Printing
Evaluator _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

Please send completed form to the Graphic Arts Education and Research Foundation,
Attn: Margie Garr

Return via FAX to: (703) 620-0994

Return via Email to: mgarr@npes.org

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