## **MONTICELLO**

Deliver Proof To: _GARRET_SPEC_		
From Your Dedicated Rep.		
PO #: _107351WIL	Quantity: _900	
Date: 08/27	Item Color: _SILVER	
Ship Date:08/27/07	Imprint Color: _LASER	
Please Reply By: _ASAP  The Dotted Box Around Your Imprint Will Not Print This Proof Shows The Size Of Your Imprint On The Proof Placement Will Vary In Relation To The Clip. Delays in response will effect the scheduled ship date.		ORDER PROOF
Infec	rel institute of Allergy and ctious Diseases	
Enlarged 150% Infectious Diseases		
By approving this you accep No credit will be issued for any erro	/IEW THIS PROOF CAREFULLY It complete responsibility for art, layout and ors that have been proofed and approved by e. Additional Proof Charge \$7	your company.
Approved:		
Not Approved Recause:		

Approved With The Following Changes: