

CO. NAME: WILAR ENTERPRISESPHONE: 856-424-4818FAX: artwork@garrettspecialties.comP.O.#: 107874WILS.O.#: X38123NEW ITEM#: 30083 (OLD ITEM#): _____PROOF #: 1

ATTN: _____

DATE: 10-5-07**-YOUR ORDER IS ON PAPER PROOF HOLD-**

STANDARD PRODUCTION TIME DOES NOT BEGIN UNTIL APPROVAL IS RECEIVED
The artwork/imprint shown on this proof is the same as it will appear on your order.

7"
6"
5"
4"
3"
2"
1"



EXHAUSTED CONFUSED ECSTATIC GUILTY SUSPICIOUS



ANGRY HYSTERICAL FRUSTRATED SAD CONFIDENT



EMBARRASSED HAPPY MISCHIEVOUS DISGUSTED FRIGHTENED



ENRAGED ASHAMED CAUTIOUS SMUG DEPRESSED



OVERWHELMED HOPEFUL LONELY LOVESTRUCK JEALOUS



BORED SURPRISED ANXIOUS SHOCKED SHY

Connecticut
Center for
Effective
Practice

Connecticut TF-CBT
Learning Collaborative



Child Health and
Development Institute
of Connecticut, Inc.

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ACTUAL SIZE

**Dashed Line is Imprint Area,
It will not print.
Imprint color is #3 RED
& #23 BLUE**

1" 2" 3" 4" 5" 6" 7"

(For Your Reference) **Don't forget to check for:**

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> typographical errors | <input type="checkbox"/> color separations | <input type="checkbox"/> correct layout used | <input type="checkbox"/> correct item |
| <input type="checkbox"/> any missing type/copy | <input type="checkbox"/> correct imprint color | <input type="checkbox"/> correct stock art used | <input type="checkbox"/> marked preferred layout |

****mark approved or
revise box, sign proof
and fax back**

☐ **APPROVED
AS IS**

☐ **REVISE AND REPROOF**
(Please indicate revisions above
Revised proof is required)

****NO CREDIT WILL BE ISSUED FOR
ANY ART ERRORS AFTER APPROVAL**

SIGNATURE _____ DATE _____

(**Your proof must be signed, dated, and an approval box must be marked before your order will proceed.)