

CO. NAME: WILAR ENTERPRISES

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P.O.#: 107874WIL

S.O.#: X38123

NEW ITEM#: 30083 (OLD ITEM#):

PROOF #: 2

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

CHDI 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

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**

<input type="checkbox"/> APPROVED <input type="checkbox"/> AS IS	<input type="checkbox"/> REVISE AND REPROOF (Please indicate revisions above Revised proof is required)
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****NO CREDIT WILL BE ISSUED FOR ANY ART ERRORS AFTER APPROVAL**

SIGNATURE _____ DATE _____

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