

Serials Office
Norris Medical Library, Room B6
USC Health Sciences Campus
2003 Zonal Avenue, Los Angeles, CA 90089-9130
Telephone: (323) 442-2838, Fax: (323) 221-1235

PERSONAL BINDING FORM

Name or Organization _____	Street Address _____
Contact Person (if different) _____	City, State, Zip Code _____
E-mail Address _____	Telephone _____
Total number of boxes _____	Total number of journals _____

Title _____	Year _____
Volume _____	Color _____
Months _____	Lettering <input type="checkbox"/> black <input type="checkbox"/> white
	Binding <input type="checkbox"/> custom <input type="checkbox"/> standard

Title _____	Year _____
Volume _____	Color _____
Months _____	Lettering <input type="checkbox"/> black <input type="checkbox"/> white
	Binding <input type="checkbox"/> custom <input type="checkbox"/> standard

Title _____	Year _____
Volume _____	Color _____
Months _____	Lettering <input type="checkbox"/> black <input type="checkbox"/> white
	Bindings <input type="checkbox"/> custom <input type="checkbox"/> standard

CUSTOM BINDING. Bind title page and table of contents at front of volume; index at end; remove advertisements. Buckram bind (color samples available at the Norris Medical Library Serials office).

STANDARD BINDING. Bind all issues in place; do not remove covers or advertisements. Buckram bind (color samples available at the Norris Library Serials office).

SPECIAL INSTRUCTIONS
