Printer information Doctoral thesis – Andvord Grafisk AS

# **Fill in and send this information to:** [tore.husbyn@andvord.no](mailto:tore.husbyn@andvord.no)

# **Copy to:** [ag@andvord.no](mailto:ag@andvord.no)

# **Phone number:** +47 95171376

1. General information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ordered by (full name): | Click or tap here to enter text. | | | |
| E-mail address for the order: | Click or tap here to enter text. | | | |
| NMBU faculty: | Select faculty | | | |
| Noen fakultet bruker instituttnavn, velg dersom det brukes på ditt fakultet (*gjelder ikke HH, KBM, REALTEK og MINA*): | Select institute | | | |
| Cost centre: | Click or tap here to enter text. | | | |
| Project number or resource number: | Click or tap here to enter text. | | | |
| *For internal use at some faculties only:*  Distribution of cost | Faculty | Click or tap here to enter text. | PhD candidate | Click or tap here to enter text. |
| Date of public defence: | Click or tap here to enter text. | | | |

1. About the thesis

|  |  |  |
| --- | --- | --- |
| Language on cover: | Select template | |
| Check this box if you have no colour in your print at all (black/white only) |  | |
| Full name of PhD candidate (*as written in the passport*): | Click or tap here to enter text. | |
| Thesis title in English: | Click or tap here to enter text. | |
| Thesis title in Norwegian: | Click or tap here to enter text. | |
| Thesis number: | Click or tap here to enter text. | |
| ISSN: | Click or tap here to enter text. | |
| ISBN: | Click or tap here to enter text. | |
| Print run (number of copies to be produced): | Click or tap here to enter text. |

1. Delivery information

|  |  |  |
| --- | --- | --- |
| Delivery date: | Click or tap here to enter text. | |
| Delivery address (street name and number): | Click or tap here to enter text. | |
| Defined delivery area (*building*): | Click or tap here to enter text. | |
| Floor and room number if needed: | Click or tap here to enter text. | |
| Contact details for receiving the delivery *(the person is required to be present for the delivery*): | Name: | Mobile number: |
| Click or tap here to enter text. | Click or tap here to enter text. |

1. Other information

|  |
| --- |
| Click or tap here to enter text. |