

# 3D PRINTING REQUEST FORM

All fields not marked "optional" are required.

Lyons New Media Centre



Contact Information	
Full Name	
McMaster Email	
Phone (optional)	
Model Information	
File name (stl file)	
Brief Description	
Actual size in mm (to help us verify model size). If this is an estimate, please indicate that in the Notes field below to help expedite processing.	
Height (z)	
Width (x)	
Depth (y)	
Other Information	
Is this for a course? (Check <input type="checkbox"/> one box)	<input type="checkbox"/> YES -- <input type="checkbox"/> NO
Course Name & Code	
Notes	
Voluntary Information (optional)	
<i>(This information will not be associated with your name or other details provided in previous sections. Information is collected for statistical purposes)</i>	
Affiliation (Check <input type="checkbox"/> one box)	<input type="checkbox"/> undergrad -- <input type="checkbox"/> grad -- <input type="checkbox"/> staff -- <input type="checkbox"/> faculty
Department	
Is this related to your studies? (Check <input type="checkbox"/> one box)	<input type="checkbox"/> YES -- <input type="checkbox"/> NO
Did you create this model? (Check <input type="checkbox"/> one box)	<input type="checkbox"/> YES -- <input type="checkbox"/> NO