

Sample Layouts of Stationery Items

1. Business Cards

**MECA**  
· O M A H A ·

**NAME** *title*  
455 N. 10TH STREET • OMAHA, NE 68102  
P: 402.999.999 • F: 402.999.9999 • C: 402.999.9999  
E: name@omahameca.com • www.omahameca.com

 **CHI Health Center**  
OMAHA

*charles SCHWAB field*  
OMAHA

 **The RiverFront**

**MECA**  
· O M A H A ·

**NAME** *title* *ng*  
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 **CHI Health Center**  
OMAHA

*charles SCHWAB field*  
OMAHA

**MECA**  
• Tri-Park Complex, LLC •

**NAME** *title*  
900 FARNAM STREET, SUITE 100 • OMAHA, NE 68102  
P: 402.999.9999 • C: 402.999.9999  
E: name@omahameca.com • www.omahameca.com

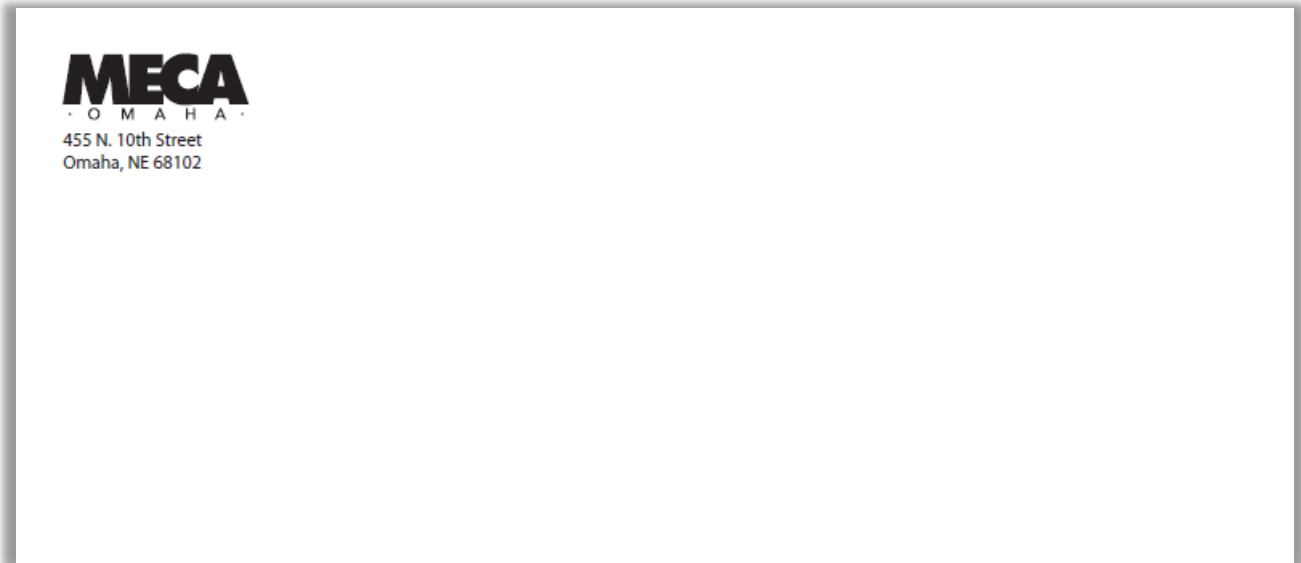
 **The RiverFront**

 **The RiverFront**

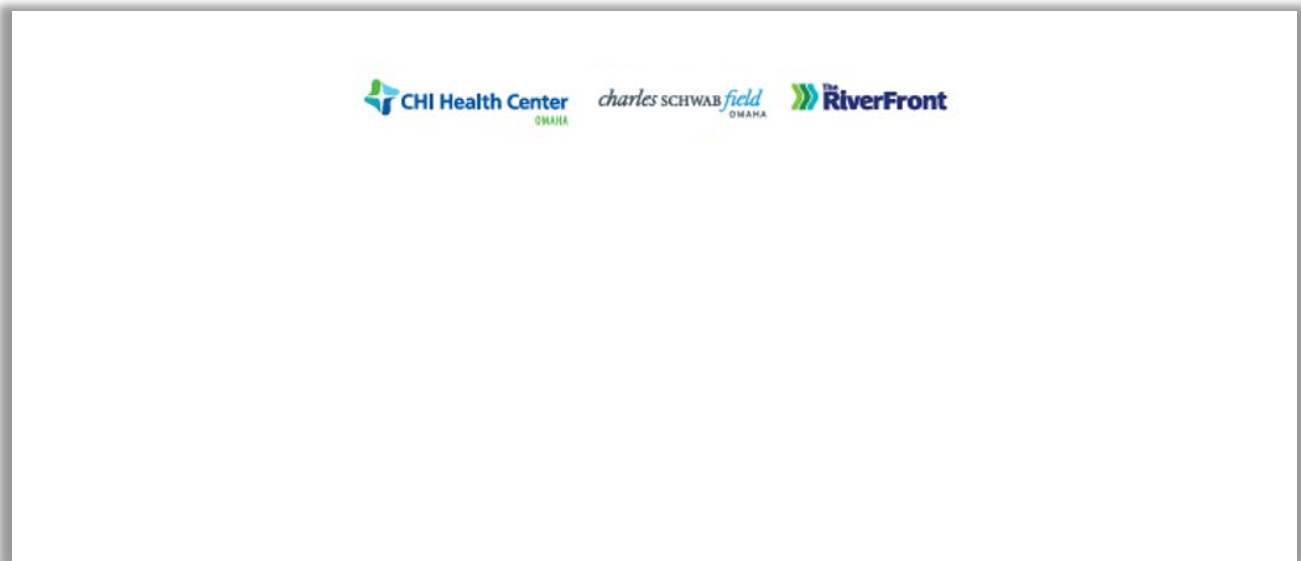
✉ **theriverfront@omahameca.com**  
🌐 **www.riverfrontrevitalization.com**  
📞 **(402) 599-6565**

2. No. 10 Envelopes (x2) AND
3. No. 10 Window Envelopes (x2)

Front:



Back Flap:



Front:

**MECA**

· Tri-Park Complex, LLC ·

900 Farnam St., Ste. 100  
Omaha, NE 68102

Back Flap:

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4. Letterhead (x2)



METROPOLITAN ENTERTAINMENT & CONVENTION AUTHORITY

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455 N. 10th Street Omaha, NE 68102 402.341.1500 402.991.1501 fax



**MECA**

Gene Leahy Mall • Heartland of America Park • Lewis and Clark Landing

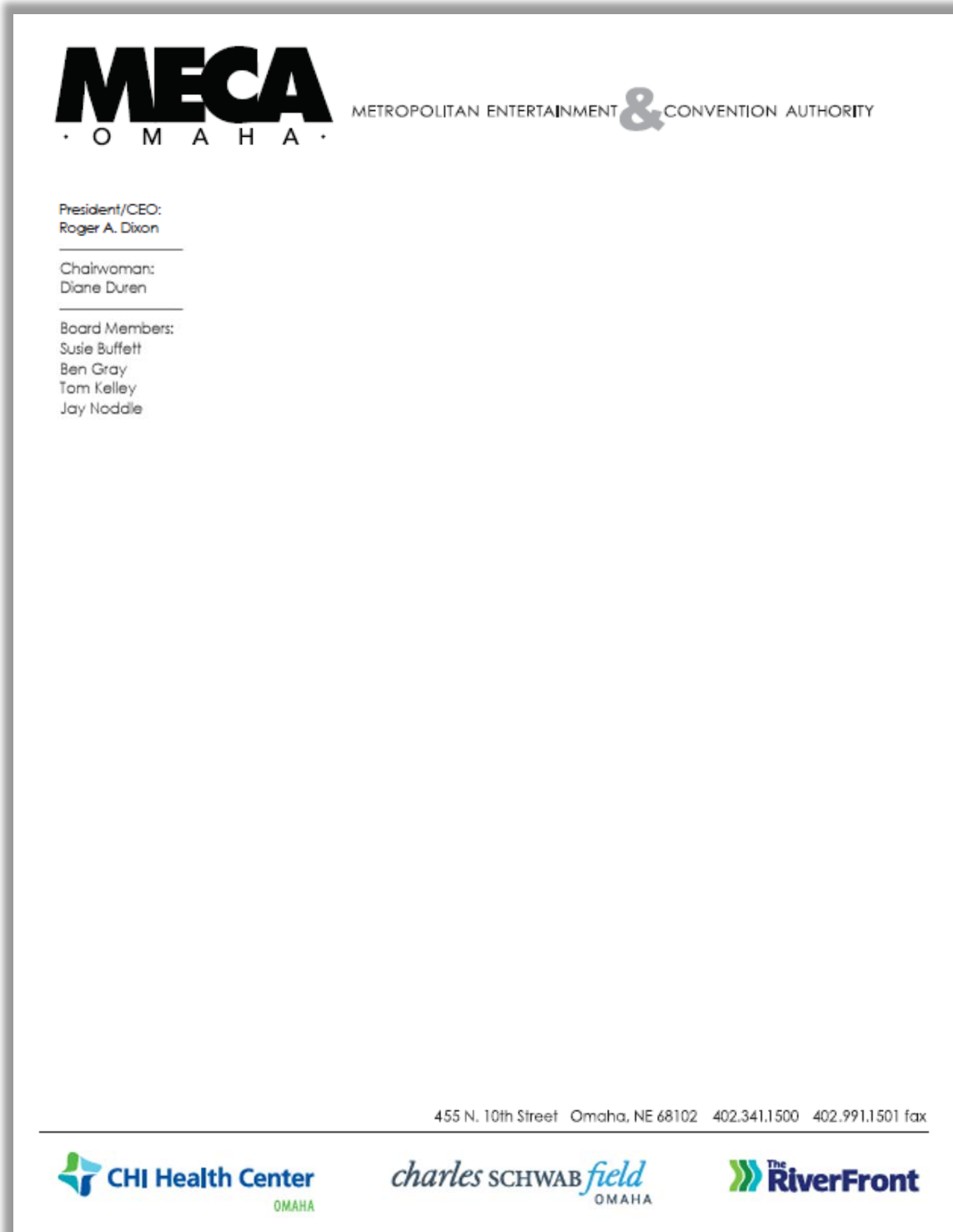
• Tri-Park Complex, LLC •

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900 Farnam Street, Suite 100 Omaha, NE 68102 402.341.1500

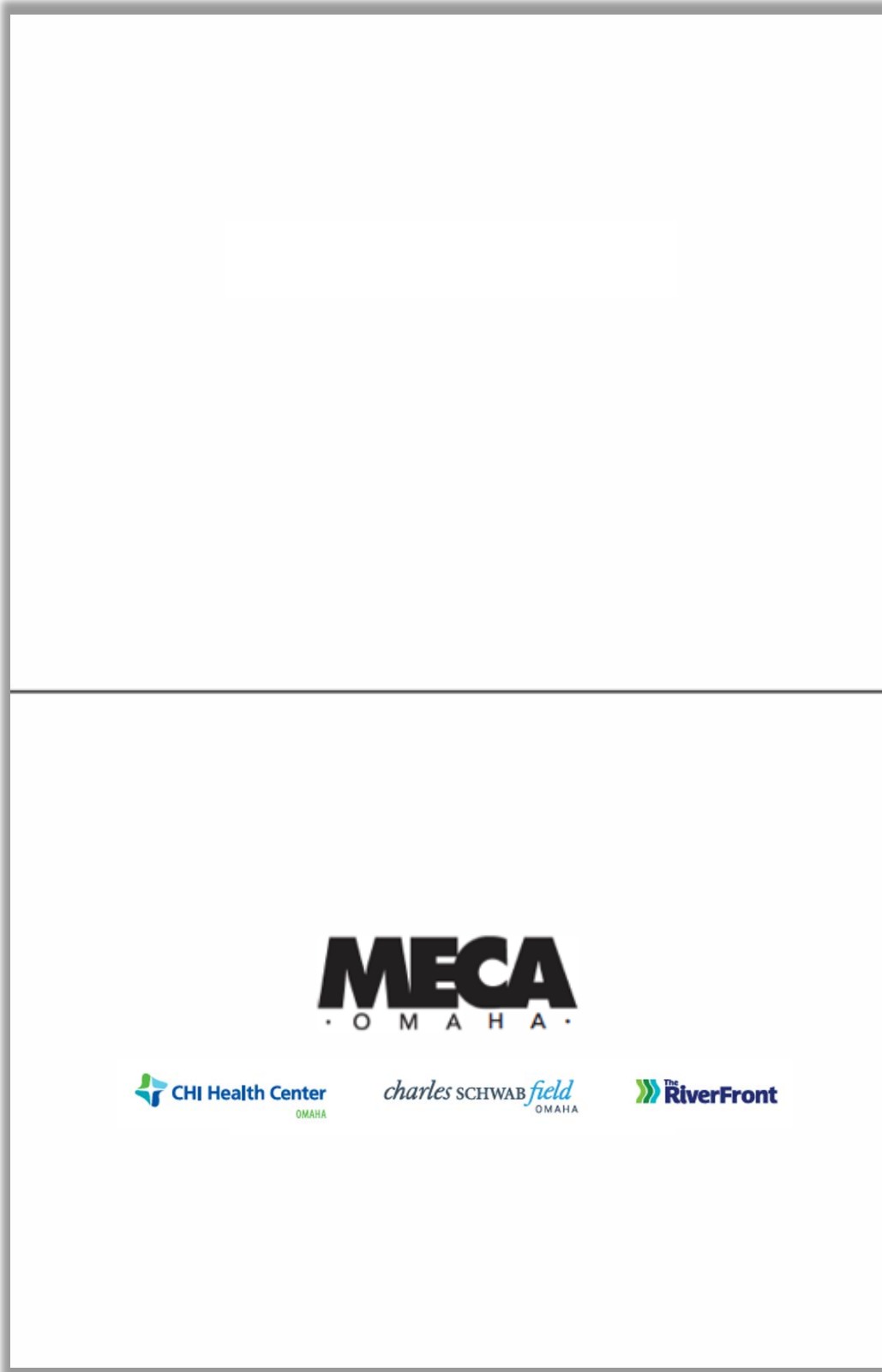


5. Letterhead with Board Member Names



6. Blank Letterhead (no printing, just the paper)  
\*\*no image required

7. Note Cards (x2)



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*charles* SCHWAB *field*  
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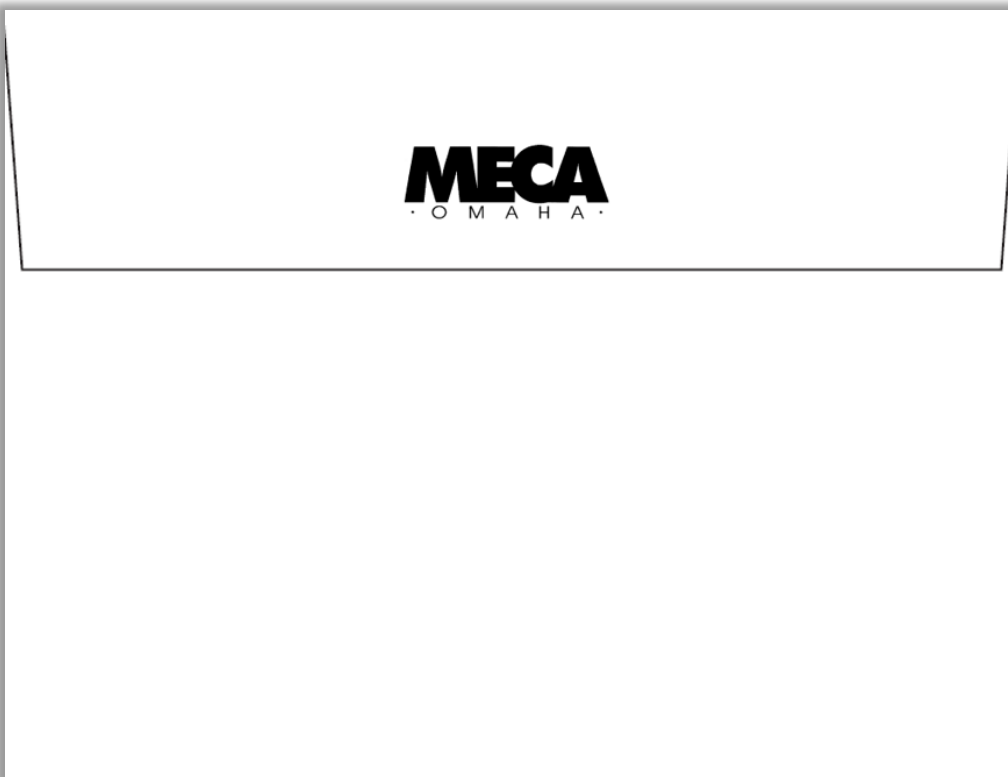
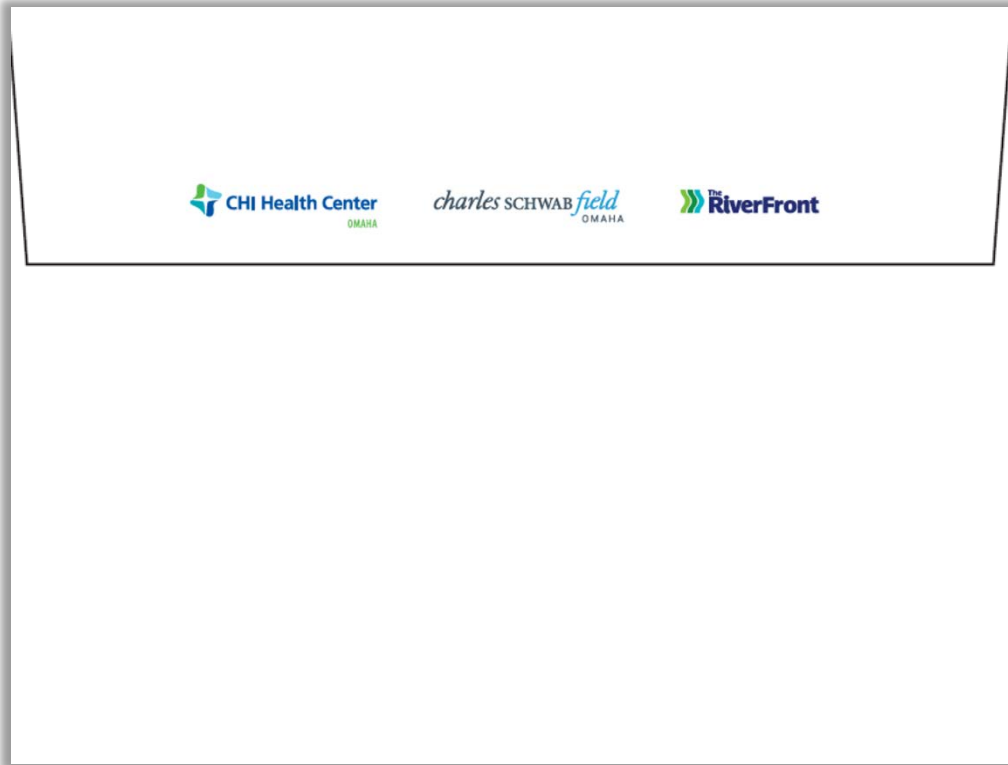


8. Note Card Envelopes

Front:



Back Flap (x2):



9. Comment Cards

**COMMENT CARD**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ EVENT/VENUE: \_\_\_\_\_

COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Phone: 402.341.1500 Email: [info@omahameca.com](mailto:info@omahameca.com)

**MECA**  
- O M A H A -

10. Incident Cards

Front:

|                             |                          |                               |                                 |
|-----------------------------|--------------------------|-------------------------------|---------------------------------|
| <b>INCIDENT REPORT CARD</b> | <b>SUPERVISOR:</b> _____ |                               |                                 |
| DATE: _____                 | TIME: _____              | EVENT/VENUE: _____            | Ticket: _____                   |
| <b>DATA #1:</b>             |                          |                               |                                 |
| NAME: _____                 |                          | <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |
| ADDRESS: _____              |                          |                               |                                 |
| CITY: _____                 |                          | STATE: _____                  | ZIP: _____                      |
| PHONE NUMBER:(____) _____   |                          |                               |                                 |
| DL NUMBER: _____            |                          | DATE OF BIRTH: _____          |                                 |
| <b>DATA #2:</b>             |                          |                               |                                 |
| NAME: _____                 |                          | <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |
| ADDRESS: _____              |                          |                               |                                 |
| CITY: _____                 |                          | STATE: _____                  | ZIP: _____                      |
| PHONE NUMBER:(____) _____   |                          |                               |                                 |
| DL NUMBER: _____            |                          | DATE OF BIRTH: _____          |                                 |

Back:

**LOCATION OF INCIDENT:** \_\_\_\_\_  
**NARRATIVE DESCRIPTION OF THE INCIDENT/PROBLEM:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WITNESSES:**  
NAME / PHONE NUMBER:  
\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_  
\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_

**EMPLOYEES INVOLVED:**  
NAME: 1) \_\_\_\_\_ 2) \_\_\_\_\_

