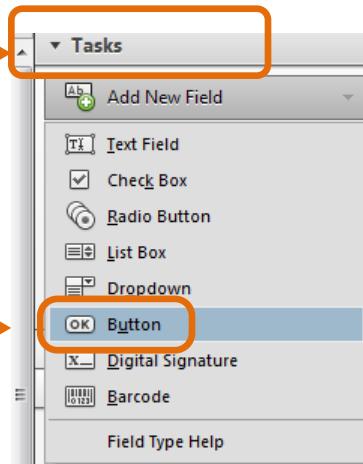


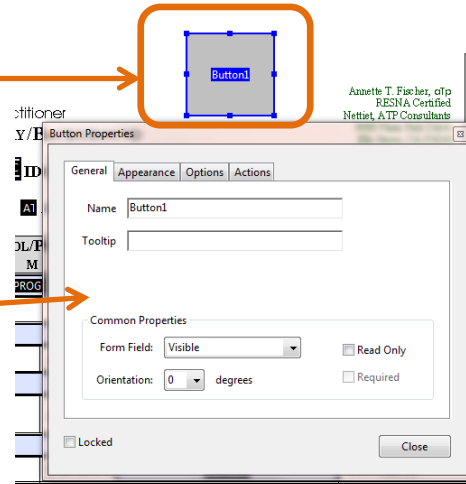
Add a submit button to Adobe Acrobat Pro X

1. Create your pdf form
2. TASKS – Add New Field



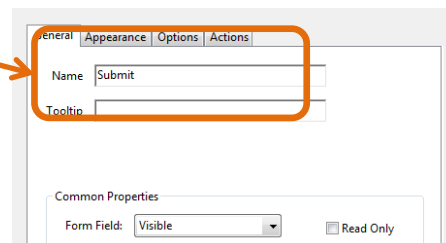
3. Select "Button"

4. Double tap new button

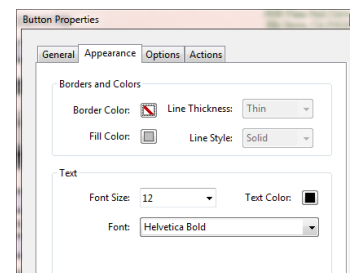


5. Button Property pane opens

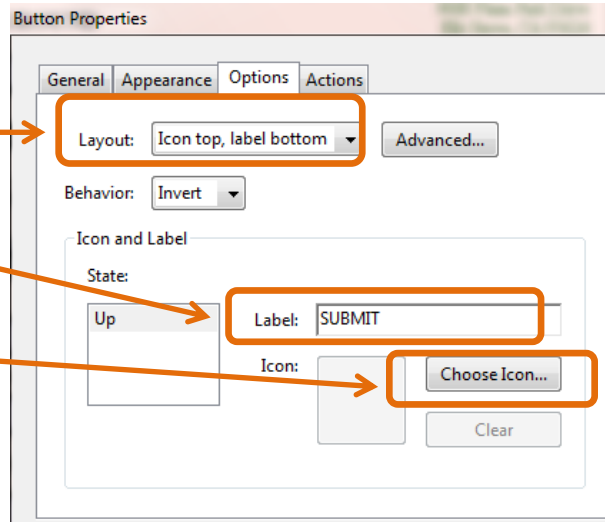
6. Under General Tab Name: insert Submit



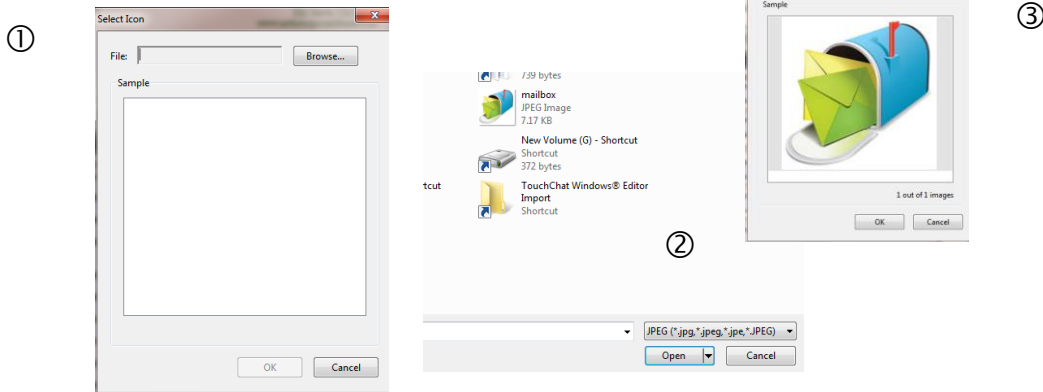
7. Under Appearance Tab Select your button characteristics, color, outline, font and format



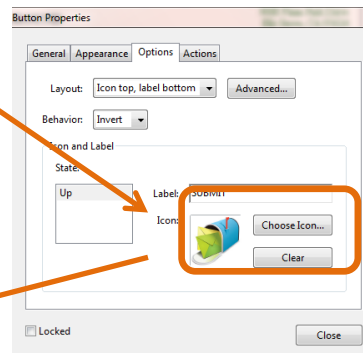
- 8. Under Options, select:
 - a. **Icon top, label bottom**
 - b. Label: **SUBMIT**
 - c. Tap on **Choose Icon**



- d. Navigate to icon location and **double click to insert**



- 9. Icon will be imported into your Submit button

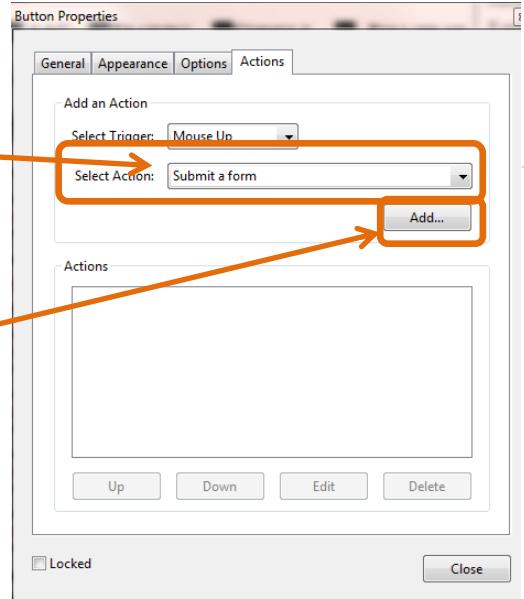


NettieT, aTp Consultants
Assistive Technology Practitioner
EDUCATIONAL HISTORY/BACKGROUND
ACT: REFERR AGENCY: AGENC ID#: ID
ASSESSMENT/EVALUATION AT AT AAC TR TRAINING C CONSULT FC FO



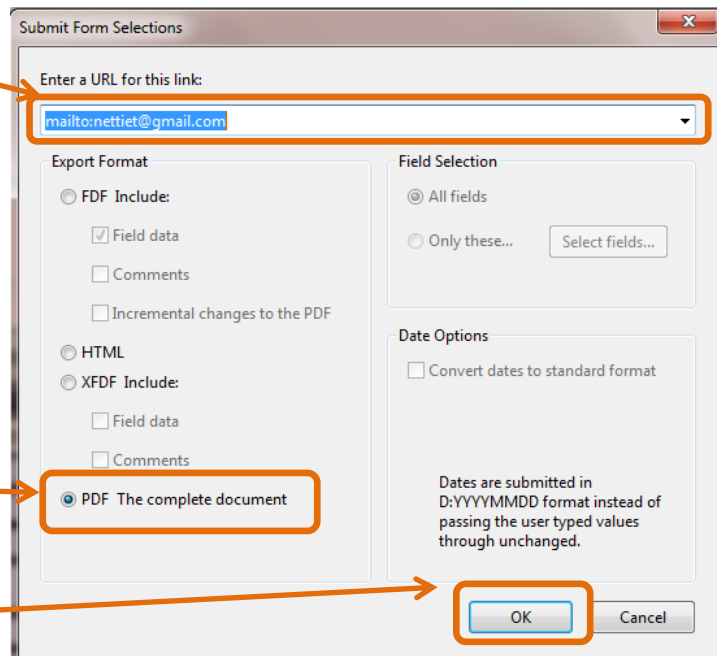
Annette T. RES
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9008 Plas
Elk Crsv
www.nettieta.com

10. If you are not longer In the Button Properties Window DOUBLE CLICK to reopen and Select Action: from drop down menu, select **Submit a form**



11. Click Add button

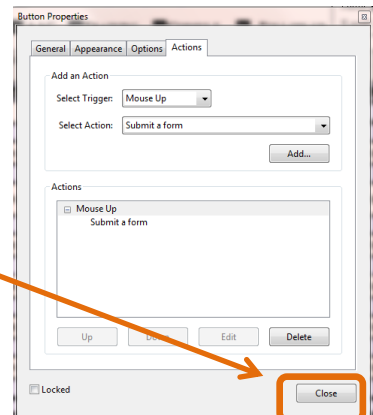
12. In the Enter url link, insert: **mailto:email@address.com** -the email address that you want to receive the form. **NO Spaces!**



13. Select **PDF The complete document**

14. Click **OK**

15. Action window will look like this, select **Close**



16. Your pdf document/form will appear in edit mode with the Submit button

NettieT, ATP Consultants
Assistive Technology Practitioner
EDUCATIONAL HISTORY/BACKGROUND

REFERRAL CONTACT: AGENCY: ID#

OBJECTIVE: AS ASSESSMENT/EVALUATION AT AAC TR TRAINING CC CONSULT FC FOLLOW-UP

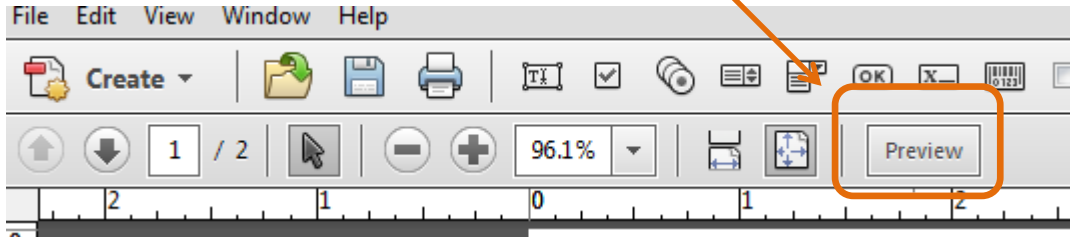
CLIENT NAME	GRADE	ID#	SCHOOL/PROGRAM	INSTRUCTOR	AGENCY	CASE MGR.	ID	REVIEW DATE
INFANT PROGRAM	<input type="checkbox"/> YES <input type="checkbox"/> NO							
PRE-SCHOOL PROGRAM	<input type="checkbox"/> YES <input type="checkbox"/> NO							
ELEM. SCHOOL:	<input type="checkbox"/> YES <input type="checkbox"/> NO							
MIDDLE SCHOOL:	<input type="checkbox"/> YES <input type="checkbox"/> NO							
HIGH SCHOOL:	<input type="checkbox"/> YES <input type="checkbox"/> NO							
PROGRAM:	<input type="checkbox"/> YES <input type="checkbox"/> NO							

Office Use Only
Authorization #
From: To:
Funding for: Sessions
Date of Request:
Phone:
E-mail:

Completed by: Relationship: Contact Info: Date:

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17. move the button to the target area and select Preview



18. **Your pdf document is Good to Go!** Click and check to verify that the document was sent to the target email address.

Comment: If you select no color for the button and the line, your icon will be your submit button:

With border line:

Without border line; just click on the mailbox

Assistive Technology Practitioner
EDUCATIONAL HISTORY/BACKGROUND

ID#

AT AAC TRAINING CONSULT FOLLOW-UP

SCHOOL/PROGRAM	INSTRUCTOR	AGENCY	CASE MGR.
		AGENCY:	ADDRESS:



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