University of Texas Medical Branch

Personalized College Announcements Order Form

Shipping Address: (NO P.O. Boxes) Must Be a Street Address

Student Name:

Mailing Address:

City: State: Zip:

Day Phone #: Evening Phone #:

If you have any questions please call: (409) 772-1939

To Order by Fax: 1-409-772-3440

To mail in your form and pay by Check, Money Order,Visa, MC or Discover please send to: UTMB Bookstore
Rm. 1.106 Moody Medical Library
Galveston, Tx. 77555-0936

THE INFORMATION BELOW WILL BE PRINTED ON YOUR ANNOUNCEMENTS. PLEASE MAKE SURE IT IS CORRECT.

Please Print Clearly . **Announcements will be printed exactly as written. Limit 32 characters**

First: Middle: Last:

(Please circle Degree)

SON: BSN MSN **SOM:** MD **SAHS:** MPA MPT CLS RC DPT MOT **Grad. School:** PhD MS MA MMS

(Please circle School)

School of Nursing School of Medicine Graduate School SAHS August SAHS December

☐ ***DELUXE PACKAGE*** **$166.70**	☐ ***STANDARD PACKAGE*** **$119.70**	☐ ***ECONOMY PACKAGE*** **$70.85**
50 Personalized Announcements	35 Personalized Announcements	20 Personalized Announcements
50 Envelope Seals	50 Envelope Seals	25 Envelope Seals
60 Return Address Labels	60 Return Address Labels	30 Return Address Labels
20 Thank you notes	10 Thank you notes	10 Thank you notes

Add to Your Grad Pack or Itemize Your Order with the Selections Below		**QTY**	**PRICE**
Enter Package Price Here: →			$
1) 20 Personalized Announcements	$ **50.00**		$
2) 10 Personalized Announcements (w/pkg of 20 or more)	$ **25.00**		$
3) Thank You notes (10/pkg)	$ **9.50**		$
4) Custom Note Cards (10/pkg)	$ **11.90**		$
5) Envelope Seals (25/sheet)	$ **5.90**		$
6) Certificate of Appreciation with Cover			
LIST NAMES FOR YOUR CERTIFICATE (Max 32 spaces. If no name listed, the certificate will be blank.) 1	$ **16.90**		$
2	$ **16.90**		$
3	$ **16.90**		$
7) Photo / Tassel Frame (circle one) Cherrywood or Black Leather	$ **49.50**		$
8) Return Address Labels (60/pkg)	$ **10.90**		$

PRINT ADDRESS THAT IS TO BE ON YOUR LABELS

NAME:

ADDRESS:

CITY: STATE ZIP

METHOD OF PAYMENT

☐ **Master Card** ☐ **Visa** ☐ ☐ **Discover** ☐ **Check** (allow 14 extra days to process) ☐ :

PLEASE PRINT CARD NUMBER AS IT APPEARS ON CREDIT CARD.

☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐

CC Billing Address (if different from above)

Address _____

City, State, Zip Code _____

EXPIRATION DATE (MM/YY) ☐☐ – ☐☐

CARDHOLDER SIGNATURE (MUST BE SIGNED) CARDHOLDER AGREES PAYMENTS MAY BE CHARGED BEFORE GOODS ARE DELIVERED.

MERCHANDISE TOTAL	$
Rush : $25- 7 days **$ 35 - 4 day**	
SUB TOTAL	$
LOCAL SALES TAX	$
SHIPPING & Handling	$ **10.00**
TOTAL PAYMENT DUE IN FULL	$

MFE GUARANTEES ALL MERCHANDISE against defects in workmanship and material. MFE does not guarantee against defects caused by illegible writing, misspelling or incorrect information provided on original orders. MFE does not issue refunds on custom items.

Customer Signature Date

Allow 2-3 weeks to process order:
All orders will be audited & errors corrected.

FOR ORDER TAKER USE ONLY

CK #_____ AMT_____

INTL_____ DATE_____