



AWARD PLAQUE REORDER FORM

Instructions

COMPLETE ONE FORM FOR EACH PLAQUE REORDER

Note: All award reorders must be placed by **May 31, 2019.**
Orders will not be accepted past this date.

1. Download/open the attached pdf form and simply type in the requested information.
2. Submit the form in one of the following methods:
 - a. If you are using an Adobe program which allows you to create and edit documents (e.g., Adobe Acrobat), you can complete the form and simply 'save' it and e-mail it back to info@ashpe.org (subject line: "Award Reorder").
 - b. If you are using Adobe Reader, you will be able to complete the form using your Adobe program, but will not be able to 'save' the document, so you will need to print it out and either scan & e-mail it back (info@ashpe.org) or fax the form (fax: 330-487-0530).

Awards will be mailed out in 2-3 weeks.

Questions? Contact us at info@ashpe.org or 330-487-0344; we're happy to help.



Congratulations on winning an ASHPE award! Additional plaques can be ordered for staff members, contributors or an office display.

AWARD REORDER FORM

PLEASE USE ONE FORM PER ORDER; MAKE COPIES OF THIS FORM AS NEEDED.

Name _____ E-mail _____

Publication _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

AWARD CATEGORY: _____

- QTY: _____ GOLD Award Winner Plaque – NO CHANGES ... \$85.00
- QTY: _____ GOLD Award Winner Plaque – CHANGED AS NOTED BELOW ... \$100.00
- QTY: _____ SILVER Award Winner Plaque – NO CHANGES ... \$85.00
- QTY: _____ SILVER Award Winner Plaque – CHANGED AS NOTED BELOW ... \$100.00
- QTY: _____ BRONZE Award Winner Plaque – NO CHANGES ... \$85.00
- QTY: _____ BRONZE Award Winner Plaque – CHANGED AS NOTED BELOW ... \$100.00

CHANGES? Note changes only here (leave these blank if exact duplicate of original award is being ordered):

- Change publication name to read as follows: _____
- Change article title to read as follows: _____
- Change date to read as follows: _____
- Change name(s) of winner(s) to read as follows [max. of 5--no titles]: _____

PAYMENT INFORMATION:

- Charge the following amount to my credit card: \$ _____ VISA _____ MC _____ AMEX _____
- Credit Card Number _____ Exp. Date _____
- Name on credit card _____ Zip Code _____

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