

## Awards Order Form- Medals and Plaques

Address all questions to: KEN ANDERSON

303-589-3596 (cell) 303-832-2287

Send all orders and payments to: CMEA, PO BOX 18770, Denver, CO 80218

| QUANTITY | MEDAL/PLAQUE   | PRICE                       | TOTAL                |
|----------|--|-----------------------------|----------------------|
|          | SOLO BLUE  | \$5.00                      |                      |
|          | SOLO RED   | \$5.00                      |                      |
|          | ENSEMBLE BLUE  | \$5.00                      |                      |
|          | ENSEMBLE RED   | \$5.00                      |                      |
|          | LARGE GROUP PLAQUE I   | \$80.00                     |                      |
|          | LARGE GROUP PLAQUE II  | \$80.00                     |                      |
|          | <b>SHIPPING/HANDLING</b> Medals 1- 9 = \$3.00<br>10-100= \$7.95/100+\$14.95<br>Plaques= \$14.95 per plaque |                             | <b>Add shipping:</b> |
|          |  | <b>TOTAL with shipping:</b> |                      |

### STEP #1-Plaque Engraving Information

School Name \_\_\_\_\_

Group Name \_\_\_\_\_

Director(s) \_\_\_\_\_

Rating (circle) I or II      Sight Reading \_\_\_\_\_

Festival Attended/Location \_\_\_\_\_

Date of Festival \_\_\_\_\_

### STEP #2- Order/Billing/Payment Information *(complete all information)*

Invoice to: \_\_\_\_\_ Attention: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

**If paying by credit card complete the Credit Card Authorization form on page 2.**

Ship To: \_\_\_\_\_ Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_



## Credit Card Authorization Form

**Send to:** CMEA, PO BOX 18770, Denver, CO 80218

or

email to [office@cmeaonline.org](mailto:office@cmeaonline.org)

**FORMS ARE NOT ACCEPTED BY FAX!!**

**Payments are accepted by VISA, Master Card, or Discover Card only, enter complete information on lines below for orders of \$25.00 or more:**

**Name as it appears on the Credit Card:**

\_\_\_\_\_

**Credit Card Number 4-digits per line:**

\_\_\_\_\_

**expiration date** \_\_\_\_\_

**Credit Card v-code on back of card** \_\_\_\_\_

**Credit Card Billing Address** \_\_\_\_\_

**Credit Card Billing Zip Code** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**Email** \_\_\_\_\_

**Signature of authorized card holder:** \_\_\_\_\_

***Once your credit card is processed the Colorado Music Educators Association will attach a copy of your credit card receipt on the original paperwork and this Credit Card Authorization form will be immediately shredded. The Colorado Music Educators Association policy does not allow us to keep credit card numbers on file.***