**Awards Order Form - Medals and Plaques**

Address all questions to: KEN ANDERSON - 303-589-3596 (cell)

Orders and Payments can be made at cmeaonline.org

- click the “General Information” tab and than choose “Order CMEA Awards” from the list.

**CLICK HERE TO BE TAKEN DIRECTLY TO THE ONLINE PAYMENT/ORDER SITE**

Orders and payments can also be sent to: CMEA, PO BOX 44489, Denver, CO 80201

<table>
<thead>
<tr>
<th>QUANTITY</th>
<th>MEDAL/PLAQUE</th>
<th>PRICE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOLO BLUE</td>
<td>$6.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOLO RED</td>
<td>$6.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENSEMBLE BLUE</td>
<td>$6.00</td>
<td></td>
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<tr>
<td>ENSEMBLE RED</td>
<td>$6.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LARGE GROUP PLAQUE I</td>
<td>$80.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LARGE GROUP PLAQUE II</td>
<td>$80.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SHIPPING/HANDLING**

Medals 1-9 = $3.00
10-100= $7.95/100+$16.95
Plaques= $16.95 per plaque

Add shipping:

TOTAL with shipping:

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**STEP #1 - Plaque Engraving Information**

School Name ____________________________ Group Name ____________________________

Director(s) Name(s) ____________________________

Rating (circle) I or II ____________________________

Sight Reading Rating ____________________________

Festival Attended/Location ____________________________

Date of Festival ____________________________

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

Invoice to: ____________________________ Attention: ____________________________

Address: ____________________________ City: ____________________________ State: ________ Zip: ________

Phone: ____________________________ E-mail Address: ____________________________

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If paying by credit card it is highly suggested that you pay on-line - see instructions at top of form

Ship To: ____________________________ Attention: ____________________________

Address: ____________________________

City: ____________________________ Zip Code: ____________________________
Credit Card Authorization Form

Send to: CMEA, PO BOX 44489, Denver, CO 80201
or
email to 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 _________________________________________

Amount authorized to be charged: ________________

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.