



Healthcare Public Relations & Marketing Association
 2279 Eagle Glen Pkwy. #112 | PMB 141 | Corona, CA 92883



2010 Golden Advocate Awards Duplicate Award Order Form

Orders received within two weeks of the event will be processed together on Friday, April 15, 2011. Please allow 4 to 6 weeks to process your order.

Date of Order: _____

Name of Person placing order: _____

Contact Phone: _____

E-mail: _____

You can change the wording on the duplicate award:

If you have won a Gold, Silver, or Bronze Award, you can change the wording on any duplicate awards for your colleagues or clients. Please attach a separate sheet listing exactly how the text should appear on the award.

We will contact you when your order is available for pickup.

If you wish to have the order *shipped* to you, there is an additional cost of \$15 per award for shipping and handling, *unless* you provide us with your UPS DHL FedEx # _____

please circle one

Ship to: Street Address (no PO Boxes): _____

City, State, ZIP: _____

| Quantity | Item | Award Category | Project Title | Price/Each | Total |
|----------|---------------|----------------|---------------|------------------|-----------|
| | Gold* | | | \$85.00 | |
| | Gold* | | | \$85.00 | |
| | Gold* | | | \$85.00 | |
| | Silver* | | | \$85.00 | |
| | Silver* | | | \$85.00 | |
| | Silver* | | | \$85.00 | |
| | Bronze* | | | \$85.00 | |
| | Bronze* | | | \$85.00 | |
| | Bronze* | | | \$85.00 | |
| | *Handling Fee | (per award,) | | \$15.00 | |
| | | | | TOTAL DUE | \$ |

Pay by Check, or VISA/MasterCard/Amex #: _____ Exp: _____

CVV/Security Code: _____

Name on Card: _____ Signature: _____