



Past Year Clarion Order Form

Name: _____
Date: _____
Email: _____
Phone #: _____

Shipping Address:

Award Information

Award Year: _____
Award Category: _____
Awarded To: _____

I would like a duplicate award* I would like an award with changes*

Payment is required in advance of production of a proof. Pricing and payment information is on reverse side.

*I agree that I will sign off on a final proof before the award is produced.

Signature

Date

Please provide text for new award here:

Pricing and Payment Options

Item	Price	Number	Total
Past Year Clarion	\$120		\$

PAYMENT OPTIONS:

Check made payable to "AWC"

Credit Card
 Choose from the following:
 Visa *MasterCard* *American Express*

Credit Card Information:

Credit Card #: _____ - _____ - _____ - _____

Security Code #: _____

Expiration Date: _____ / _____

Name on Card: _____

Billing Address: _____

Signature: _____

•I agree to pay the above amount with my credit card

Fax or Mail forms and payments to:
 AWC National Headquarters
 1717 E. Republic Rd., Ste. A
 Springfield, MO 65804
 Phone: 417-886-8606
 Fax: 417-886-3685
members@womcom.org

AWC Policy: No
 refunds after
 order is received
 by AWC.