

PLEASE FILL OUT THIS FORM COMPLETELY. IF ADDITIONAL FORMS ARE NEEDED, PHOTOCOPIES OF THIS FORM ARE ACCEPTABLE. CHECKS OR CREDIT CARD INFORMATION MUST ACCOMPANY THIS ORDER FORM. PAYMENTS FROM OUTSIDE THE U.S. MUST BE IN U.S. DOLLARS AND MUST BE MADE BY CREDIT CARD, WIRE TRANSFER OR BY CHECK. ALL CHECKS MUST BE IN U.S. FUNDS, DRAWN BY A U.S. BANK AND PAYABLE TO PROMAXBDA. DUPLICATE AWARDS AND/OR CERTIFICATES MAY BE ORDERED THROUGH PROMAXBDA ONLY.

DUPLICATE COPIES OF PROMAXBDA AWARDS OR CERTIFICATES CAN ONLY BE ORDERED BY THOSE INDIVIDUALS OR ORGANIZATIONS INCLUDED IN THE CREDITS OF THE WINNING ENTRIES. PLEASE INDICATE PERSONAL CREDIT ON THE 'PERSONAL RECOGNITION' LINE PROVIDED BELOW.

PLEASE ALLOW 3-4 WEEKS FOR DELIVERY

AWARD	QUANTITY	PRICE	AMOUNT	
			MEMBER	NON-MEMBER
Date of Order: _____				
Please Check One of the Following:				
<input type="checkbox"/> GOLD STATUE	_____ X	\$340	\$440	= _____
<input type="checkbox"/> SILVER STATUE	_____ X	\$340	\$440	= _____
<input type="checkbox"/> BRONZE STATUE	_____ X	\$340	\$440	= _____
<input type="checkbox"/> GOLD CERTIFICATE	_____ X	\$60	\$85	= _____
<input type="checkbox"/> SILVER CERTIFICATE	_____ X	\$60	\$85	= _____
<input type="checkbox"/> BRONZE CERTIFICATE	_____ X	\$60	\$85	= _____
YEAR PRESENTED _____				
<input type="checkbox"/> Mi6	<input type="checkbox"/> LATIN AMERICA	<input type="checkbox"/> ARABIA	TOTAL STATUES _____	
<input type="checkbox"/> NORTH AMERICA	<input type="checkbox"/> INDIA	<input type="checkbox"/> AFRICA	TOTAL CERTIFICATES _____	
<input type="checkbox"/> WORLD GOLD	<input type="checkbox"/> AUSTRALIA	<input type="checkbox"/> ASIA	SUBTOTAL _____	
<input type="checkbox"/> EUROPE	<input type="checkbox"/> UK		CA RESIDENTS ADD 9.75% SALES TAX _____	
			SHIPPING AND HANDLING* _____	
			TOTAL COST _____	

*SHIPPING & HANDLING PER STATUETTE: U.S. \$50.00; INTERNATIONAL \$85.00. DUE TO CUSTOM LETTERING OF AWARDS, PAYMENT ARRANGEMENT MUST ACCOMPANY THIS ORDER.

LETTERING INSTRUCTIONS (ANY MISTAKES OR MISSPELLINGS HERE WILL BE CORRECTED AT AN ADDITIONAL COST)

AWARD TO (ORGANIZATION ONLY) _____

TITLE OF ENTRY _____

CATEGORY TITLE _____

PERSONAL RECOGNITION _____

SHIPPING ADDRESS

Recipient Name _____

Company _____
(Radio and Television Stations, Please Give FCC Call Letters.)

Address _____
(No P.O. Boxes. Street Addresses Only, Please.)

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Phone _____

E-mail _____

PREFERRED PAYMENT METHOD

Check Invoice/Bill Me*

Amex Mastercard Visa

Diners Discover

Card No. _____

Cardholder Name _____

Exp. Date _____ Security Code _____

Signature _____

E-Mail _____

BILLING ADDRESS Check if Same as Above

Name _____

Title/Position _____

Address _____
(No P.O. Boxes. Street Addresses Only, Please.)

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Phone _____

E-mail _____



MAIL, FAX OR EMAIL TO: 1522-E CLOVERFIELD BLVD.
SANTA MONICA, CA 90404 USA
FAX: +1 310.788.7616
FOR MORE INFORMATION,
PLEASE CONTACT +1 310.789.1501
awards@promaxbda.org

* IF SELECTING INVOICE/BILL ME OPTION, PLEASE BE AWARE THAT ORDER WILL NOT BE PROCESSED UNTIL PAYMENT IS RECEIVED. THIS MAY INCREASE DELIVERY TIME BEYOND STANDARD 3-4 WEEK PERIOD.