



# DUPLICATE AWARD ORDER FORM

order online at [www.promaxbda.org](http://www.promaxbda.org)

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	\$250	\$300	= _____
<input type="checkbox"/> SILVER STATUE	_____	X	\$250	\$300	= _____
<input type="checkbox"/> GOLD CERTIFICATE	_____	X	\$60	\$85	= _____
<input type="checkbox"/> SILVER CERTIFICATE	_____	X	\$60	\$85	= _____
YEAR PRESENTED _____					
				TOTAL STATUES _____	
				TOTAL CERTIFICATES _____	
				SUBTOTAL _____	
				CA RESIDENTS ADD 10.25% SALES TAX _____	
				SHIPPING AND HANDLING _____	
				TOTAL COST _____	

SHIPPING & HANDLING PER STATUETTE: U.S. \$25.00. 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.  
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FOR MORE INFORMATION,  
PLEASE CONTACT +1 310.789.1501  
[awards@promaxbda.org](mailto: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.