OAK HALL CAP AND GOWN

 $^{\star\star} \textbf{Fill in ALL information and email this form as an attachment to customerservice} @ \textbf{oakhalli.com}$

FACULTY CAP/GOWN ORDER FORM

**All information must be filled out completely. Blanks may result in the delay of processing this order.

									Today's date:	
Customer Acct #			PO#						Distribution:	
•		•						_	Grad Date:	
Ship To:									-	
Rep/School Name								Delivery I	Date Range:	
Contact								- "	_	Provide a 5 business day delivery window due to shipping company regulations
Address								_		to shipping company regulations
Address								-		I Can Take Delivery Anytime
•								-		Total Take Delivery Allytime
City, State, Zip										Please Deliver in 5 day range provided
									If date information	on is not provided the order will ship when ready.
	Purchase		or	Rental						
Select Souvenir	Horizon									
Fabric to Purchase:	VIP									
	GreenWeaver									
	*Gown Type Determing	ned by De	egree giv	en.						
Please include the b										
the body - School name, billi										
Acct#										
- Delivery date o - Graduat										
- PO# (If applicable)										
- Product change	Only fi	III in inf	ormation fo	r items ne	eded. Use n/a v	when the item is not neede	ed. *Subject	is not needed		
- Extra Items (If applicable) - Ship to address if different than bill to							ut is not needed on all oth			
Subject line needs to have:		_					do not abbreviate the scho		•	
School name- so						xample Two: Faculty men				
LAST EXAMPLE ONE	FIRST		WEIGHT		Degree	SUBJECT EDUCATION	AlmaMater STATE UNIV OF NEW YORK	BUFFALO	STATE NY	
EXAMPLE ONE EXAMPLE TWO		5'6 5'3	_		MASTER PHD	EDUCATION	COLUMBIA UNIV	NY	NY	