



Name Tag Request Form
BSN STUDENT

Name of Student _____ Date of Request _____
Address _____
Telephone Number _____ Email Address _____

Order from:
Creative Awards, Inc., 1607 North College Avenue, Fayetteville, AR 72703
Phone: (479) 443-7787
Email: Customer Service [customerservice@creativeawardsinc.com]

Specific Order Request:

Red Lettering on White Background - Magnetic Back

BSN Student
Eleanor Mann School of Nursing
University of Arkansas

Name should read: FIRST NAME, INITIAL OF LAST NAME

My first name: _____ Initial of my last name: _____

Payment Method: [] \$8.19 TOTAL [] \$8.19+\$2.00 shipping=\$10.19 TOTAL

[] Money Order or Cashier's Check payable to Creative Awards, Inc.

[] Credit Card Payment

TYPE OF CREDIT CARD: _____

NAME ON CREDIT CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE OF CARD: _____

CBC NUMBER ON BACK OF CARD: _____

Delivery Method:

[] I will pick up the name tag at Creative Awards, Inc. at 1607 N College Ave, Fayetteville, AR

[] Please mail the name tag to the following mailing address. I agree to pay the extra \$2 charge for shipping.

I acknowledge that I am currently enrolled as a BSN student at the Eleanor Mann School of Nursing at the University of Arkansas. Order form must accompany payment.

SIGNATURE OF STUDENT: _____