

INTERNAL USE ONLY:

CODE: _____

RECV'D BY: _____

DATE: _____

Shipping Form E

Online Gallery Program | Artwork

School/Organization Information:

School/Organization:		School Account Code:
Address:		
City:	State	Zip:
Contact		Phone #:
Weekdays you will be closed:		

Artwork Details:

Number of artworks sent:	Number of classes:
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Please ensure that Student Labels are affixed to the back of each artwork.

- * Original Works cannot accept any late artwork for the artwork scan/upload phase of the program. If a student misses this phase of the program, they may submit a Manual Order during the Order Phase of the program, however their artwork will NOT appear in the Online Gallery

Ship Artwork to:

ORIGINAL WORKS

54 Caldwell Road • Stillwater, NY 12170

518.584.9278