

INTERNAL USE ONLY:

CODE: _____

RECV'D BY: _____

DATE: _____

Shipping Form A

Preview Magnet 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 note that if the organization is unable to complete the program and send in orders, the organization will be responsible for paying 100% of the Preview Magnets produced.
- * Original Works cannot accept any late artwork for the magnet phase of the program. If a child misses the magnet phase of the program, they are still eligible to submit an order for any product during the Order Phase of the program, but will not receive a preview magnet.

Send to:

ORIGINAL WORKS

54 Caldwell Road • Stillwater, NY 12170

800-421-0020