**Shipping Form E**
Gallery: Artwork Phase

***This form MUST accompany your artwork.***

**INTERNAL USE ONLY:**CODE:
RECV’D BY:
DATE:

**Organization Information:** *Please complete all information*

|  |  |
| --- | --- |
| Organization: | School Code: |
| Address: |
| City | State: | Zip: |
| Contact: | Phone: |
| Weekdays you will be closed: | # Artworks sent: |

Please ensure that Student Labels are affixed to the *back* of each artwork.

Original Works cannot accept late artwork for the initial artwork scan/upload phase of the program. If a student misses this phase of the program, they may submit a Manual Order for any product or products during the Order Phase of the program.

Send to: ORIGINAL WORKS
Building 1 • 54 Caldwell Road • Stillwater, NY 12170
 800**-**421**-**0020 • fax 518-580-0639