

**INTERNAL USE ONLY:**

CODE: \_\_\_\_\_

RECV'D BY: \_\_\_\_\_

DATE: \_\_\_\_\_

# Shipping Form E

## Gallery: Artwork Phase

*This form MUST accompany your artwork.***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