

Send with your ARTWORK

For Internal Use

CODE _____

Rec'd By _____

Date _____



Shipping Form A

Preview Magnet Program

School/Organization

School/Organization Name:

School Code:

Shipping Address:

City:

State:

Zip:

Contact Name:

Phone #:

Weekdays you will be closed:

Artwork Details

Of Artwork Sent:

Number of classes:

Important Information

- Original Works cannot accept late artwork for the magnet phase of the program
- Late artwork can be submitted with the order phase of the program, but will not receive a Preview Magnet
- If you are unable to complete the program and send in orders, the school/organization will be responsible for paying 100% of the Preview Magnets produced.

Shipping Information

- ☐ Please do not send artwork in individual bags
- ☐ Organize by teacher/grade
- ☐ Use the provided prepaid UPS return service label
- ☐ Drop off at any UPS shipping center location
- ☐ Send to:
Original Works
54 Caldwell Road
Stillwater, NY 12170
518.584.9278