

For Internal Use

CODE _____

Rec'd By _____

Date _____



Shipping Form A

Preview Magnet Program | Artwork

Complete and include this form with your artwork

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:
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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