Shipping Form E- Gallery Program  
 Artwork

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

Organization Information: Please complete all information

**This form MUST accompany your additional orders.**

|  |  |  |  |
| --- | --- | --- | --- |
| Organization Name: | | | School Account Code: |
| Address: | | | |
| City: | State: | | Zip: |
| Contact: | | Phone: |  |
| Number of Artworks: | | Number of Classes: | |
| Please note any weekdays you will be closed: | | | |

All artwork must be completed on the Template Art Paper provided as part of the program. Please ensure that Student Labels are affixed to the front of each artwork in the space indicated.

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

**Questions?** Call your sales representative or Customer Service at 800-421-0020 CS@originalworks.com