

INTERNAL USE ONLY:

CODE: _____

RECV'D BY: _____

DATE: _____

Shipping Form E- Gallery

This form MUST accompany your orders.

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