



Cesar Chavez Day 2009 Poster Request Form

CONTACT INFORMATION

Name of Organization/School: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

NUMBER OF COLLATERAL MATERIALS

Number of Chavez Day Posters Requesting: _____ Cost: FREE*
(Note: Initial request limited to 50)

SHIPPING INFORMATION

***ORGANIZATION/SCHOOLS ARE RESPONSIBLE FOR COVERING THE COST OF SHIPPING. PLEASE PROVIDE SHIPPING INFORMATION BELOW. (Credit Card or Shipping Account # Only)**
***Estimated Shipping Cost: \$10 - \$15 for maximum order shipping to California locations. Out of state orders may exceed above freight estimate. If you do not have a Shipping Account, you may use a Credit Card by following the instructions in brackets below.**

Receiver's Shipping Company: _____
(or Credit Card Company, ex. VISA, MasterCard, American Express, etc.)

Billing Account #: _____
(or Credit Card #)

Account Contact Name: _____ Phone: _____
(or Name on Credit Card)

Billing Address: _____
(or Credit Card Billing Address)

City: _____ State: _____ Zip Code: _____
(or Credit Card City) (or Credit Card State) (or Credit Card Zip Code)

Send Order Request to Either of the Following:

Mail:

Peggy Yount
Priority Pak-it
5435 1/2 San Fernando Rd. West
Los Angeles, CA. 90039

Phone:

(818) 246-7447 ext. 21

E-mail:

chavezday@prioritypakit.com

Fax:

(818) 246-9130