Awards Order Form - Medals and Plaques
Address all questions to: KEN ANDERSON - 303-589-3596 (cell)
Orders and Payments can be made at CMEAONLINE.org - click the “General Information” tab and then choose “Order CMEA Awards” from the list.
Orders and payments can also be sent to: CMEA, PO BOX 44489, Denver, CO 80201

<table>
<thead>
<tr>
<th>QUANTITY</th>
<th>MEDAL/PLAQUE</th>
<th>PRICE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOLO BLUE</td>
<td>$6.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOLO RED</td>
<td>$6.00</td>
<td></td>
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<tr>
<td>ENSEMBLE BLUE</td>
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<tr>
<td>LARGE GROUP PLAQUE I</td>
<td>$80.00</td>
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<tr>
<td>LARGE GROUP PLAQUE II</td>
<td>$80.00</td>
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<td></td>
</tr>
</tbody>
</table>

**SHIPPING/HANDLING**

- Medals 1-9 = $3.00
- 10-100 = $7.95/100+16.95
- Plaques = $16.95 per plaque

Add shipping:

**TOTAL with shipping:**

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**STEP #1 - Plaque Engraving Information**

School Name ________________________________  Group Name ________________________________

Director(s) ________________________________

Rating (circle) I or II  Sight Reading Rating ________________________________

Festival Attended/Location ________________________________

Date of Festival __________________

**STEP #2 - Order/Billing/Payment Information (complete all information)**

Invoice to: ________________________________  Attention: ________________________________

Address: ________________________________  City: ______________  State: ________  Zip: __________

Phone: ________________________________  E-mail Address: ________________________________

If paying by credit card it is highly suggested that you pay on-line - see instructions at top of form

Ship To: ________________________________  Attention: ________________________________

Address: ________________________________

City Denver  Zip Code: ______________
Credit Card Authorization Form

Send to: CMEA, PO BOX 44489, Denver, CO 80201
or
email to office@cmeaonline.org
FORMS ARE NOT ACCEPTED BY FAX!!

Payments are accepted by VISA, Master Card, or Discover Card only, enter complete information on lines below for orders of $25.00 or more:

Name as it appears on the Credit Card:
____________________________________

Credit Card Number 4-digits per line:
_________ __________ __________ __________

expiration date _________________

Credit Card v-code on back of card _________

Credit Card Billing Address _______________________________________________________

Credit Card Billing Zip Code _________________

Phone number _______________________________

Email ________________________________

Amount authorized to be charged: _______________

Signature of authorized card holder: _________________________________

Once your credit card is processed the Colorado Music Educators Association will attach a copy of your credit card receipt on the original paperwork and this Credit Card Authorization form will be immediately shredded. The Colorado Music Educators Association policy does not allow us to keep credit card numbers on file.