



Shipping Information (Please Print) - Please allow 3 weeks for processing and shipping.

Company Name _____ Attention _____

Address _____ City _____ St _____ Zip _____

Phone # _____ Fax # _____ Email _____

Award Plaque Information (Please Print)

I would like _____ additional Award plaque(s) of the project listed below. Print information as shown on original Award Plaque. **Please use a separate form when ordering a duplicate award for another project.**

Company Name _____

Project Name _____

Category:
(check one)

- | | |
|---|---|
| <input type="checkbox"/> Horticultural Service | <input type="checkbox"/> Installation |
| <input type="checkbox"/> Technician Recognition | <input type="checkbox"/> Major Renovation |
| <input type="checkbox"/> Exterior Garden | <input type="checkbox"/> Silk, Replica, & Preserved |
| <input type="checkbox"/> Green Roof | <input type="checkbox"/> Special Event & Holiday |
| <input type="checkbox"/> Living Wall | |

- Atrium
 Design

Type of Award: Award of Merit Award of Excellence Judges Award

Year of Award: _____

For all awards except the Judges award, please supply us with the 4" x 6" print (horizontal or vertical) that you would like to be used in the plaque. For a duplicate of a Judges Award please supply a 5" x 7" vertical print. Your order will not be processed until we receive the print. Prices include tax.

Prices

Award of Merit plaque(s) \$106 ea. x _____ + (\$17 shipping ea. x _____ (# of plaques)) = _____
 Award of Excellence plaque(s) \$121 ea. x _____ + (\$17 shipping ea. x _____ (# of plaques)) = _____
 Judges Award plaque(s) \$130 ea. x _____ + (\$17 shipping ea. x _____ (# of plaques)) = _____

Billing & Payment Information (Please Print)

Company Name _____ Attention _____

Address _____ City _____ St _____ Zip _____

Phone # _____ Fax # _____ Email _____

I have enclosed a check payable to **PIA** for **Total Due** = _____

Please charge my credit card: Visa Master Card AMEX

Card # _____ Exp. Date _____ Sec Code _____

Cardholder Name _____ Signature _____

Please send payment with completed order to: PIA, 493 S. Highland Ave., Ukiah, CA, 95482
 Credit card orders may be faxed to: 707/463-6699

For Office Use Only: Ent QB _____ Ent DB _____ Mailed to Absolute _____ Date Shipped _____