

## Faculty & Staff Regalia Order Form for May 20, 2018 Commencement

-TO ENSURE YOUR ORDER IS RECEIVED, please email your order to [sm364@bncollege.com](mailto:sm364@bncollege.com). You can also fax your order at 216-368-5205. You will receive a confirmation email when your order is processed. If you do not receive a confirmation within 3 business days, please call us at 216.368.2650 or 1-800-825-2650.

-Orders can be picked up at 11451 Euclid Ave, Cleveland, OH 44106 or shipped (Regular UPS) for \$7.50 until May 11th 2018

-The deadline for placing orders is MONDAY, APRIL 16, 2018. A late charge of \$10.00 will be assessed after May 1st. Additional shipping charges may apply.

-Payment must be included with this form for the order to be placed

-All rentals must be returned to the Case Bookstore by TUESDAY, MAY 22, 2018. After this date, a late fee may be applied to the credit card or departmental requisition.

Questions? Please call the bookstore at 216-368-2650 or e-mail us at [sm364@bncollege.com](mailto:sm364@bncollege.com)

### Cap and Gown Rental Information

	<u>Cap &amp; Gown Only</u>	<u>Hood Only</u>	<u>Complete Regalia</u>
Bachelors	_____ \$34.98 (\$37.79)	_____ \$34.98 (\$37.79)	_____ \$69.96 (\$75.56)
Masters	_____ \$36.98 (\$39.94)	_____ \$36.98 (\$39.94)	_____ \$73.96 (\$79.88)
Doctoral	_____ \$40.98 (\$44.26)	_____ \$40.98 (\$44.26)	_____ \$81.96 (\$88.52)

Name -- \_\_\_\_\_

Cap --Regular hat size or circumference of head in inches: \_\_\_\_\_

Gown --Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Approximate weight: \_\_\_\_\_ lbs.

Hood --Exact Wording of Your Highest Degree: \_\_\_\_\_

College/University Where Degree Was Earned: \_\_\_\_\_

College/University City and State: \_\_\_\_\_

### Customer Information

1. This order is for: Faculty/Staff \_\_\_ Presenter/Parent\_\_\_ Graduate Name \_\_\_\_\_

2. Who will pick up this order: \_\_\_\_\_

3. Telephone: \_\_\_\_\_

4. Payment Options:

-**Credit Card:** Name on card: \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

-**Speed Type** Name on Account \_\_\_\_\_ Department \_\_\_\_\_

Speed Type Account Number \_\_\_\_\_ Telephone \_\_\_\_\_

-**P-Card:** Name on P-Card: \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

PLEASE FILL OUT COMPLETELY AND RETURN TO THE BOOKSTORE BY Monday, April 16, 2018