

Customized Product Line District Order Form

Date _____

Please print or type name and address clearly. Include district and zip code on all correspondence.

District No. _____ DG Signature _____

Please ship the following to:

Mail invoice to:

NAME _____

NAME _____

COMPANY NAME / OTHER _____

COMPANY NAME / OTHER _____

NUMBER AND STREET _____

NUMBER AND STREET _____

CITY STATE / COUNTRY ZIP CODE _____

CITY STATE / COUNTRY ZIP CODE _____

PHONE NUMBER (where you can be reached between 8:00 a.m. and 5:00 p.m., Pacific Standard Time.) _____

E-MAIL ADDRESS _____

PROCESSING AND SHIPPING INFORMATION:

Processing and shipping information is outlined in the brochure at www.toastmasters.org/CPLbrochure

Item	Description (attach separate sheet for customization)	Quantity	Unit Price	Total Price
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Sub-Total (without embroidery) _____

CA districts: Add 8.75% sales tax _____

Shipping (TBD by Member Services) _____

Embroidery: \$2.50 per line _____

TOTAL AMOUNT: \$ _____

If your calculations are incorrect, you will be charged the correct amount. Charges will appear on your district's account. All information must be complete or the order will be returned to you. Prices, availability, appearance of all items and postage charges are subject to change without notice. Any duties and taxes incurred are the responsibility of the district placing the order.