College Chair & Lamp Ordering

For Ordering and Inquiries please contact Sharon Olschewske:
The College Store
51 Saint Clair St.
Geneva, NY 14456
Attn: Sharon Olschewske
Phone: (315) 781-3449
Mon-Thurs. 9am-5pm, Fri & Sat 9am-4:30pm
Fax: (315) 781-3450
olschewske@hws.edu

Style | Description                     | Cost          
------|---------------------------------|---------------
765   | Standard Chair Laser Engraved   | $395.00 each  
775   | Boston Rocker Laser Engraved    | $395.00 each  
665   | Heritage Lamp Laser Engraved Only | $225.00 each  

ORDER FORM ATTACHED BELOW
# College Chair & Lamp Order Form

Remit Orders and Inquiries to: Sharon Olschewske
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51 Saint Clair St. Mon - Sat. 9am-5pm
Geneva, NY 14456 Fax: (315) 781-3450
Attn: Sharon Olschewske olschewske@hws.edu

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<tr>
<th>Order Date: <strong><strong><strong>/</strong></strong></strong>/______</th>
<th>Date Needed (Allow 6 weeks): <strong><strong><strong>/</strong></strong></strong>/______</th>
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<th>Quantity</th>
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Brass Plate Optional (Attaches to the back of the Chair.)
No additional engraving fee.
Inscription: $22.00/item

**Personalization (Optional)** 1-3 lines, Max 30 Characters per line.
Use upper & lower case letters as they should appear. Underline upper case letters. Include commas and periods where they belong.

1\(^{st}\) Line: (Usually Name and Retirement Year or Class Year) Add $19.00/item $

2\(^{nd}\) Line: (Usually Title or Years of Service) Add $9.00/item $

3\(^{rd}\) Line: (Usually a Message, Department or Division) Add $9.00/item $

**Shipping & Handling:**
*Shipping & Handling for Texas, Rocky Mountain States and West, add an additional $10.00 per item.* For shipments over 7 items to one location, call for shipping quote. For expedited orders please call for quote. 315-781-3449
Add $35.00*/item $

**Laser Engraved College Seal:**
- Hobart
- William Smith
- Hobart & William Smith
Included in Cost $ 0.00

Sub-Total: $

New York Residents must add NY Sales Tax
Add 7.5% Tax: $

Total: $

Payment Method: □ Visa □ MasterCard Name on Card: ____________________________
Expiration Date: ______/______/______ Signature: ____________________________________

☐ Check Made Payable to: The College Store

**Billing Address:**
Name: __________________________________________
Address: _______________________________________
City: __________________________________________
State: ___________ Zip_________
Phone: _______________________________________

**Shipping Address (No PO Boxes):**
Name: __________________________________________
Address: _______________________________________
City: __________________________________________
State: ___________ Zip_________
Phone: _______________________________________

*Note: New York Residents must add NY Sales Tax.*