University Of West Georgia Nursing Student
NAME BADGES ORDER FORM

Please print name as it will appear on name badge and check the appropriate box titles.
USE FIRST NAME AND LAST NAME

___________________________________________________ ____________________

☐ RN or ☐ No Title

*NOTE: The initials RN will follow the last name for RN-BSN and MSN students

☐ BSN NURSING STUDENT or ☐ MSN NURSING STUDENT

Blue with White Lettering Plastic Name Badge(s)

__________ Magnetic Backing Name Badge(s) X $9.00 (Taxable) = $__________
(Quantity)

__________ Pin Backing Name Badge(s) X $9.00 (Taxable) = $__________
(Quantity)

__________ Shipping Fee(s) (For 1-3 Badges) X $4.00 (Taxable) = $__________
(Mailed via United States Postal Service)

$__________ Total Adding Above 3 Lines + 7% Tax $__________ = Total Due $__________
(Sub-Total) (Mailed via United States Postal Service)

Payment Details – Allow 10 Business Days for Processing Order.

Please make check payable to: McEver's Awards, Trophies & Gifts
Mail Check & Order Form to: 213 Bradley Street, Carrollton, GA 30117
Or Send Completed Form to: E-mail: mcevers@charter.net Or Fax: 770-834-5870

Georgia Driver's License # __________________________ Expiration Date ______________

Credit Card Type & Number ______________________________________________________

Expiration Date ____________ Name on Credit Card _________________________________

Authorization Signature _________________________________________________________

Ship Order To: Name ___________________________ Phone# ______________________

Address _______________________________________________________________________

City ___________________________ State ______________ Zip__________________