

## University of West Georgia Nursing Student Name Badge Form

1) Print Name below as it will appear on the name badge (First & Last Name)

\_\_\_\_\_

2) Are you currently a licensed Registered Nurse (RN)?      ( ) Yes    ( ) No

3) Are you seeking to become a licensed Registered Nurse (RN)? ( ) Yes    ( ) No

4) Please select which UWG Program you are enrolled in:      ( ) BSN    ( ) MSN

5) How many UWG Nursing Student name badges would you like to order? \_\_\_\_\_

6) Would you like for your badges to be mailed to you for \$6.00?    ( ) Yes    ( ) No

If Yes, provide the Mailing Address for US Postal Service sent via First Class Mail:

\_\_\_\_\_

\_\_\_\_\_

7) Costs: # of Badges Ordering \_\_\_\_\_ x \$11.00 Per Badge = \$\_\_\_\_\_ Badge Fee.

Add Badge Fee \$\_\_\_\_\_ + Shipping Fee (\$0 or \$6) \$\_\_\_\_\_ = Sub-Total \$\_\_\_\_\_.

Multiply Sub-Total \$\_\_\_\_\_ x 7% (or .07) = \$\_\_\_\_\_ Sales Tax.

Add Sub-Total \$\_\_\_\_\_ + Sales Tax \$\_\_\_\_\_ = Total Cost \$\_\_\_\_\_.

8) Provide your contact Telephone Number: \_\_\_\_\_

Ordering Options: MAIL, EMAIL, or IN PERSON

Payment Options: CHECK, CREDIT CARD, or CASH

9) Check: Driver's License State, # & Exp. Date \_\_\_\_\_

(Make Checks Payable to *McEver's Awards, Trophies & Gifts*)

10) Credit Card: Card # \_\_\_\_\_

Credit Card Expiration Date \_\_\_\_\_ CVV # \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_

Questions: Contact McEver's Awards, Trophies & Gifts on Mon.-Fri. 9am-5:30pm  
Located at 904 Maple Street, Suite A, Carrollton, GA 30117  
Call 770-834-0077 or Email [sales@mceversawards.org](mailto:sales@mceversawards.org)

**Do NOT mail this form to the UWG Tanner Health System School of Nursing.**