



Medical University of the Americas Doctor Graduate Cap & Gown Order Form



**** DUE BY FRIDAY, APRIL 16, 2010 ****

Last Name: _____ First Name: _____

Address: _____
Please provide a street address. UPS will not deliver to a PO Box.

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Height: _____ Weight: _____ Dress or Jacket Size: _____

Cap Size in inches (circumference of your head): _____ Tam size: [] SM/MED or [] MED/LG

Doctor gown (has green velvet bars & panels)	\$ 33.95
Doctor hood (with green velvet trim)	\$ 29.25
Soft velvet 8 Corner Doctoral tam	\$ 20.00
Subtotal	\$ _____
Shipping and handling	\$ 15.00
TOTAL DUE:	\$ _____

Check or Money Order – Please make payable to *University Cap & Gown*
Credit Card: (*Check one*) [] Visa [] MasterCard [] American Express [] Discover

Account #: _____ Exp. Date: _____

Print name as it appears on card: _____

Cardholder Signature: _____

Mail or Email order to: UNIVERSITY CAP & GOWN CO.
(Due no later than April 16) 486 ANDOVER STREET
LAWRENCE, MA 01843
PHONE (978) 686-4566
FAX (978) 686 -8177
cheryl@universitycapandgown.com

