

2014 AQC Plaques and Program Materials Order Form

As an AQC member, you are entitled to the following program materials. Please include this form with your renewal. Once we receive your recertification form and payment, your order will be processed. Please be sure to complete the shipping information at the bottom of the page.

| I. | 20 | 14 | Yea | ır T | abs: |
|----|----|----|-----|------|------|
|----|----|----|-----|------|------|

| Please indicate the type of | f plaque you have | by checking the box | below the image: |
|-----------------------------|-------------------|---------------------|------------------|
| | | | |

- (A) Current Plaque
- (B) Previous Plaque
- (C) Additional year plaque for use with (A) and (B)

(D) Adhesive Plaque









Magnet back year tabs

Magnet back year tabs

Magnet back year tabs

Adhesive back year tab

If you have multiple plaques, please indicate the quantity of tabs requested: _____

If you need to request a year tab from a previous year, please indicate the year and quantity:

II. Marketing Materials:

Electronic File emailed: AQC logo for your letterhead or to create job site banners or for other promotional purposes

25 AQC 2" inch Stickers

25 AQC 4" inch window/vehicle Stickers

5 AQC Folders (while supplies last)

III. Ordering A New Plaque:

City/State/Zip:

| Replacement Plaque (image A) – \$175 | Quantity ordered: | |
|---|-------------------------------------|--|
| Please indicate exactly how company nan | ne should appear on the new plaque: | |
| | | |
| | | |

Additional Year Plaque (image C) – No Charge/No Personalization

IV. <u>Payment for a NEW Plaque:</u> (Note: payment is required *only* for a new plaque. All other items are complimentary.)

| Credit Card: (cneck one) | visa | MasterCard | American Express | |
|--|--------------|------------|------------------|--|
| Check (attach copy) ck#_ | | | | |
| Cardholder Name: | | | | |
| Credit Card Number: | | Exp. Date: | | |
| V. <u>Shipping Information:</u> Please print and complete all areas. N | o P.O. boxes | s please. | | |
| Contact Name: | | E-mail: | | |
| Company: | | F | Phone: | |
| Shipping Address: | | | | |