“ACBSP Accredited” Mini Gonfalons — Mini versions of the gonfalons used at the Accreditation Banquet during the ACBSP Annual Conference each year are available for purchase. There are four versions of the mini gonfalons. Each measures 22" w x 32" h.

- Initial Accreditation - Associate Degree
- Initial Accreditation - Baccalaureate/Graduate Degree
- Reaffirmation of Accreditation - Associate Degree
- Reaffirmation of Accreditation - Baccalaureate/Graduate Degree

The cost is $75 per gonfalon, plus shipping and handling.

“ACBSP Accredited” Lapel Pins — Lapel pins are available with the ACBSP Accredited logo. The pins are a gold-tone metal featuring the two-color logo shown on a background. The front of the pin is coated in enamel.

The cost is $3.00 per pin, with a minimum order of 10. This includes shipping and handling.

There may be a shipping charge to destinations outside North America. Please contact the ACBSP office for exact rates.
Name: ________________________________ Email: ________________________________

Institution: ________________________________ Phone: ________________________________

Shipping Address: ________________________________________________________________

City, State/Province, Postal Code, Country: __________________________________________

“ACBSP Accredited” Mini Gonfalons —

☐ Option 1: Associate Degree Initial Accreditation
☐ Option 2: Baccalaureate/Graduate Degree Initial Accreditation
☐ Option 3: Associate Degree Reaffirmation
☐ Option 4: Baccalaureate/Graduate Degree Reaffirmation

_________ Quantity _________ Quantity _________ Quantity _________ Quantity

Total Quantity Price Per Gonfalon Total Cost

_________ x $75.00 _________ (Shipping Charges: $15 in the U.S. via UPS Ground. International shipping charges will vary based on quantity and destination.)

“ACBSP Accredited” Lapel Pins —

Quantity Price Per Pin Total Cost

_________ x $3.00 _________

Billing Information:

☐ My check, made payable to ACBSP on a U.S. bank account, is accompanying this order form.
☐ Please send me an invoice.

☐ Please charge my: ☐ VISA ☐ MasterCard ☐ AMEX

Account Number: ________________ Expiration Date: ____________ Date: ______________

Cardholders Name: ________________________________ Signature: ________________________________

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