



# Eliot Rosewater Indiana High School Book Award Program Materials Order Form

Item .....Price .....# Ordered.....Total Price

Bookmarks (2018-19) .....\$5.00/50 \_\_\_\_\_

**2017-2018 CLEARANCE SALE Bookmarks \$2.50/50.....** \_\_\_\_\_

Rosie Gold Foil "Winner" Seals ..... \$2.50/10 Seals .....\_\_\_\_\_

Rosie Silver Foil "Honor Book" Seals ..... \$2.50/10 Seals .....\_\_\_\_\_

Rosie Award Nominee Spine Labels .....\$4.50/20 Labels .....Gold:....\_\_\_\_\_

Neon yellow: \_\_\_\_\_ Neon green:\_\_\_\_\_ Neon Pink: \_\_\_\_\_

Rosie Sign .....\$8.00/ 1 sign or \$15/2 signs \_\_\_\_\_

**Subtotal.....**\_\_\_\_\_

Shipping & Handling (\$6.00).....\_\_\_\_\_

**Grand Total of Order.....**\_\_\_\_\_

**Method of Payment:** (Make checks payable to Indiana Library Federation)

Check #: \_\_\_\_\_

Purchase Order: Purchase Order Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Credit Card Mastercard Visa Discover

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Shipping Information**

School/Library: \_\_\_\_\_

Mailing Address (No P.O. Boxes): \_\_\_\_\_

City, State Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Mail this form and payment to:

Indiana Library Federation 941 E. 86th St., Suite 260 Indianapolis, IN 46240

Phone: (317) 257-2040 Fax: (317)257-1389 E-mail: [tdavis@ifonline.org](mailto:tdavis@ifonline.org)