

Disabilities At Work<sup>SM</sup>



Display Package Order Form

Contributing business with under 100 employees:		Contributing business with 501 to 999 employees:	
one package	\$500	one package	\$1,500
two - ten packages	\$350	two - ten packages	\$750
over ten packages	\$250	over ten packages	\$350
Contributing business with 101 to 500 employees:		Contributing business with over 1,000 employees:	
one package	\$1,000	one package	\$2,500
two - ten packages	\$500	two - ten packages	\$1,000
over ten packages	\$300	over ten packages	\$400

Federal Employer ID Number:	
Company Name:	
Street Address:	
City:	
State:	
Zip code:	
URL:	
Your Name:	
Title:	
Phone number and extension:	
Email address:	
Number of plaques:	
Total cost:	\$
Method of payment:	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card
Credit card type:	<input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> American Express
Name on credit card:	
Billing address (if different from company address):	
Credit card number:	
Expiration Date:	
Exact name and address to be printed on each plaque (please use additional page for multiple plaque addresses):	
<i>I understand that endorsement as a Disabilities At Work business, purchase of a DAW display package or participation as a Disabilities At Work business does not, in any way, exempt my business from complying with requirements of the Americans with Disabilities Act or any other Equal Employment Opportunity Commission regulations.</i>	
Your signature:	Date:
<b>Please note, your order will not be processed until payment is received.</b>	