



“Design a Lamp”



JH • RECOGNITION
C O M P A N Y
DIVISION OF HERFF JONES, INC.
An employee owned company

[to be submitted by authorized Program Administrator ONLY]
JH Recognition Providence, RI 800-224-1657

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Today’s Date: _____

School Name: _____

Program Name: _____

Contact Name: _____ Title: _____

Contact Address: _____

Contact Phone: _____ Contact Fax: _____

Contact Email Address: _____

Who will be buying the lamps? students school

NOTE: if students are buying their own lamp, they must pay sales tax.

If school will be purchasing, is your school tax exempt? no yes

[NOTE: if school is exempt, please submit a copy of your tax exempt certificate with this form.]

Please share your ideas of the lamp you wish us to design:

Do you have an electronic image [.jpg or .tif] of the logo to be used on the lamp? no yes

Do you require a special color for your logo? *NOTE: default is gold color*

gold is approved special color = PMS color # _____ or color name _____

Do you require the name of the graduate in black on the backside of the lamp? no yes

Do you require either the graduation year or Class of [year] in black beneath the name?

graduation year Class of [year] neither

Does your school enforce any restrictions to the lamp options that students order, i.e. “no gold trim”, etc. no yes _____

Comments: _____

Please note that after we receive these initial details for your Custom Lamp the Sales Associate assigned to your state will contact you for further discussion and/or questions.

Please fax this form and any attachments to this number:

FAX: 800-224-7916