



Aster Awards

HONORING EXCELLENCE IN HEALTHCARE ADVERTISING

2020 ORDER FORM



ADDITIONAL AWARD CERTIFICATES

I'd like to purchase _____ copies of the attached certificates at \$22.50/each for a total of \$ _____ .

MAKE SURE TO ENCLOSE A PHOTOCOPY OF THE ORIGINAL AWARD

If ordering additional award certificates for a supporting agency, organization or company, please mark clearly the name to appear on the certificate. Also mark any necessary changes.

PAYMENT INFORMATION:

Total Payment Enclosed: \$ _____

Check Enclosed Visa Mastercard AMEX
(make checks payable to **CREATIVE IMAGES, INC.**)

Card #: _____

Expiration Date: _____ V-code: _____

Card Billing Address : _____

Zip Code: _____

Name on Card: _____

SEND ORDER TO:

Name: _____

Company: _____

Address: _____

Phone: _____

Email: _____

SEND ORDERS TO: CREATIVE IMAGES, INC. • ASTER AWARDS PROGRAM
141 WILLETS ROAD • SYLVA, NC 28779 • (800) 254-6789

IF PAYING BY CREDIT CARD, YOU MAY EMAIL ORDERS TO MLUCAS@ASTERAWARDS.COM.
PLEASE INCLUDE COPY OF YOUR AWARD(S).