

College Chair & Lamp Ordering

For Ordering and Inquiries Please Contact Sharon Olschewske

The College Store
 51 Saint Clair St.
 Geneva, NY 14456
 Attn: Sharon Olschewske

Phone: (315)781-3449
 Fax: (315)781-3450
 Mon-Sat: 9am – 5pm
 olschewske@hws.edu

Classic College Chairs & Lamps

With Personalized
 Laser-engraved Seals



Standard Chair



Boston
 Rocker



Heritage
 Lamp

Style	Description	Cost
765	Standard Chair Laser Engraved	\$450.00
775	Boston Rocker Laser Engraved	\$450.00
665	Heritage Lamp Laser Engraved	\$250.00

ORDER FORM ATTACHED BELOW

College Chair & Lamp Order Form

Remit Orders and Inquiries to: Sharon Olschewske

The College Store
 51 Saint Clair St.
 Geneva, NY 14456
 Attn: Sharon Olschewske

Phone: (315)781-3449
 Fax: (315)781-3450
 Mon-Sat 9am-5pm
 olschewske@hws.edu

Order Date: ____/____/____ **Date Needed(Allow 6 Weeks):** ____/____/____

Quantity	Style	Description	Cost	Total Cost
			\$	\$
			\$	\$
			\$	\$
Brass Plate Optional (Attaches to the back of the chair). No additional engraving fee. Inscription: _____			\$22.00/item	\$
Personalization (Optional) 1-3 lines, max 30 characters per line. Use upper & lower case letters as they should appear. Underline Uppercase letters. Include commas and periods where they belong.				Double check all Spelling & Punctuation
1 st Line: (Usually Name and Retirement Year or Class Year)			Add \$19.00/item	\$
2 nd Line: (Usually Title or Years of Service)			Add \$9.00/item	\$
3 rd Line: (Usually a Message, Department or Division)			Add \$9.00/item	\$
Shipping & Handling <small>*Shipping & Handling for Texas, Rocky Mountain States and West, add additional \$10.00 per item. For shipments over 7 items to one location, call for shipping quote. For expedited orders please call for quote.</small>			Add \$35.00*/item	\$
Laser Engraved College Seal: <input type="checkbox"/> Hobart <input type="checkbox"/> William Smith <input type="checkbox"/> Hobart and William Smith			Included in Cost	\$0.00
			Subtotal:	\$
New York Residents must add NY Sales Tax			Add 7.5% Tax:	\$
			Total:	\$

Payment Method: Visa MasterCard Name on Card: _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date: ____/____/____ Signature _____

Check Made Payable to: The College Store

Billing Address:
 Name: _____
 Address: _____
 State: _____ Zip: _____
 Phone: _____

Shipping Address (No PO Boxes):
 Name: _____
 Address: _____
 State: _____ Zip: _____
 Phone: _____