

YOUR COMPANY: (SU COMPANIA)

EMPLOYEE NUMBER: (NUMERO DE EMPLEADO)

Grid for company name and employee number

NAME: (NOMBRE)

Grid for name

STREET: (CALLE) PLEASE GIVE US YOUR STREET ADDRESS - WE CAN'T SHIP TO A P.O. BOX.

Grid for street address

CITY: (CIUDAD)

STATE: (ESTADO)

ZIP: (CODIGO POSTAL)

Grid for city

Grid for state

Grid for zip

DAYTIME PHONE NUMBER: (NUMERO DE TELEFONO EL DIA)

Grid for daytime phone number

HOME PHONE NUMBER: (NUMERO DE TELEFONO EN LA CASA)

Grid for home phone number

Form for AOE Use Only with fields: DtRcvd, Ckdby, PntsTtl, OrdNmbr

If your order totals 150 points AND you order 3 or more items you will receive a free bonus prize!!!

Si su pedido suma un total de 150 puntos y solicita 3 o mas articulos usted recibira gratis una bonificacion!!!

Before you fill out this order form, please be sure to read the instruction page. Thank you!

Table with 4 columns: QTY, ITEM #, DESCRIPTION, POINTS NEEDED. Includes sub-headers in Spanish and English.

Please complete the survey below and you will be entered into the monthly drawing for an iPod! (Your answers will be kept anonymous.)

- Survey questions 1-6 regarding company culture, recognition, and teamwork. Each question includes a 5-point scale and a comments field.

Mail to: The Award of Excellence Gift Center • PO BOX 21279 • Columbia, SC 29221