

# University of Massachusetts Medical School 2011 Faculty Purchase Order Form

**PLEASE FILL OUT SECTIONS 1 -- 4**

<b>1</b>	Name:
	Address: <span style="float: right;">Zip Code:</span>
	Department:
	Building & Room #
	Phone#
	E-mail:

<b>2</b>	Height: <span style="margin-left: 100px;">Weight:</span> <span style="float: right;">Dress/Jacket size:</span>
	Degree: <span style="margin-left: 150px;">Date outfit is being used: _____</span>
	University or College Degree was earned at:

<b>2</b>	<u>CHECK CAP SIZE</u> or [ ] Use same size I rented last year
	[ ] SMALL    6 1/2    6 5/8    6 3/4    6 7/8
	[ ] MEDIUM    7    7 1/8    7 1/4
	[ ] LARGE    7 3/8    7 1/2    7 5/8
	[ ] X LARGE    7 3/4    7 7/8    8

<b>3</b>	Check Desired Item(s):	
	[ ] New Deluxe Black Doctor Gown:	\$259.35
	[ ] New Doctor Hood:	\$71.50
	[ ] New Deluxe Tam with Gold Metallic Tassel	\$71.50
	[ ] Used Deluxe Black Doctor Gown:	\$189.00
	[ ] Used Doctor Hood:	\$48.75
	[ ] Economy Tam with Silk Tassel	<u>\$26.25</u>
Rented regalia may be purchased instead of being returned. The rental fee will be deducted from the purchase price.		\$ _____ Ship to my office, add \$10 \$ _____ Ship to my home, add \$12 <b>TOTAL</b>

<b>4</b>	Please enclose check payable to: <u>University Cap &amp; Gown.</u> <u>If paying by Credit Card:</u>	
	Visa, MasterCard, American Express, Discover, UMass Card	
	Acct #:	Exp. Date _____
	Signature:	Name on card: