

# University of Massachusetts Medical School 2009 Faculty Order Form

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

<b>1</b>	Name:	
	Department:	Phone:
	Building & Room #	
	Degree:	University or College:
	Use Date: June 7, 2009 or	

<b>2</b>	Height:	Weight:	Dress/Jacket size:
	<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):	
	[ ] Master Cap, Gown & Hood:	\$17.25
	[ ] Deluxe Doctor Gown & Cap:	\$30.50
	[ ] Doctor Hood:	\$9.50
	[ ] Tam in place of Cap, add:	<u>\$10.00</u>
		\$ _____ Drop ship to my office, add \$9
	<b>\$ TOTAL</b>	

<b>4</b>	Please enclose check payable to: <b><u>University Cap &amp; Gown</u></b>	
	Or if paying by Credit Card, please use the section below.	
	<b>Visa, MasterCard, American Express, Discover, Umass Card</b>	
	Account # _____	Exp. Date _____
Signature: _____	Name on card: _____	

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