



# ACADEMIC APPAREL ORDER FORM

COLLEGIATE CAP & GOWN  
DIVISION OF HERFF JONES, INC.

**SOLD TO**

Individual \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Office Phone \_\_\_\_\_ Best Time To Call \_\_\_\_\_

**SHIP TO**

Individual \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Office Phone \_\_\_\_\_ Best Time To Call \_\_\_\_\_

SCHOOL AFFILIATION \_\_\_\_\_

SCHOOL LOCATION—TOWN & STATE \_\_\_\_\_

**DESCRIPTION OF ORDER**

Material choice for items below: \_\_\_\_\_  
Date needed: \_\_\_\_\_ If not possible: \_\_\_\_\_  
 Proceed—ship when ready     Call First

**GOWN:**  **SPECIAL ACADEMIC APPAREL**  
**University of Medicine and Dentistry of New Jersey**

We will provide Black velvet trim on the Doctoral gown unless the degree color is specified—e.g. PhD. Blue, Arts, Science, etc.

Personalized initials—specify: \_\_\_\_\_

**HOOD:** Fill in details only if hood is desired:  
 **DOCTOR**

Degree: \_\_\_\_\_  
(Give exact wording of degree)  
Velvet degree color preferred: \_\_\_\_\_  
College \_\_\_\_\_  
(Name of School where degree was earned)

**CUSTOM TAM**

**OTHER ITEMS**

- E-Z STOR GARMENT BAG**
- NYLON GARMENT BAG**
- CARRY-ALL GARMENT BAG**
- HANGER - BLACK CONTOURED**
- HANGER—BLACK CONFORMER 1<sup>1</sup>/<sub>2</sub>" DEEP**

**MEASUREMENTS**

(Please Give All Information Requested)

**MALE**     **FEMALE**

1. Height with shoes—top of head to floor \_\_\_\_\_ feet \_\_\_\_\_ inches.
2. Weight in street clothes \_\_\_\_\_ pounds.
3. Chest size—without coat \_\_\_\_\_ inches.
4. Waist size—without coat \_\_\_\_\_ inches.
5. Neck size \_\_\_\_\_ inches.
6. Shirt sleeve length worn \_\_\_\_\_ or measurement below: \_\_\_\_\_ inches.  
(Measure from center-back of neck, over the top of the shoulder, and along the outer arm to the break at the back of the wrist.)
7. Cap size \_\_\_\_\_ inches.
8. Floor clearance desired \_\_\_\_\_ inches.  
(We will provide a 8" clearance if you do not specify.)
9. Initials \_\_\_\_\_

**COST SUMMARY OF ORDER**

Gown .....	\$ _____
Hood .....	_____
Cap/Tam .....	_____
Tassel .....	_____
Other Items: .....	_____
.....	_____
Cost of merchandise .....	_____
.....	_____
Sales tax—your local rate .....	_____
<b>TOTAL COST OF ORDER</b> .....	\$ _____
Less advance deposit enclosed .....	_____
(Please send 1/2 deposit if not using a credit card—see below)	
<b>BALANCE DUE</b> .....	\$ _____
(Above prices do not include transportation)	

**CONVENIENT CREDIT CARD PURCHASE**

VISA     MasterCard     Discover     American Express

Account No. \_\_\_\_\_  
Expiration Date \_\_\_\_\_

**REMARKS & SPECIAL INSTRUCTIONS** \_\_\_\_\_

Sales Professional \_\_\_\_\_ No. \_\_\_\_\_ Customer's Signature \_\_\_\_\_ Date \_\_\_\_\_