

GREEK PICTURE CHAIRMAN FORM

Please complete all of the important contact information below. Please print clearly.

PICTURE CHAIRMAN INFORMATION

First Name	Last Name		
()	()		
Cell Phone	Summer Phone		
School Email Address	Summer Email Address		
PC Mailing Address	City	State	Zip

ADDITIONAL CONTACT INFORMATION

President Name	Email Address	() Phone
Housemother Name	Email Address	() Phone
Advisor Name	Email Address	() Phone
/ / Officer Elections		

COMPOSITE SHIPPING INFORMATION

No PO Box addresses are accepted. Please note that the Master Composite may be heavy and difficult to transport.

PLEASE NOTE: Packages will be delivered during regular business hours and require a 3-4 hour window, so please make yourself or a representative available to sign for your composite. Please advise the person identified below that the delivery service will call them in advance to notify them of the delivery window. Changes to the delivery address or undeliverable packages will carry additional costs.

Composite Shipping Address	City	State	Zip
Designated Package Signee	Cell Phone #		

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Good Summer/Winter Break Address
Someone will be at the above address during Summer/Winter breaks to receive the composite package. | <input type="checkbox"/> HOLD Composite until after break
No one will be at the above address to accept the package during Summer/Winter break, please hold our composite if delivery falls during a break time. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

EMAIL PROOF OF FINAL COMPOSITE

An electronic copy of your composite will be emailed to the person listed below to verify accuracy of the final product.

Member Name	Member Title (If applicable)
Email Address 1	Email Address 2 (If Applicable)

PLEASE NOTE: After acceptance of the proof, costs of a replacement composite for errors not noted will be the responsibility of the organization. Carefully proof your composite to prevent additional charges.