

Marquette University
Faculty and Administrator Cap and Gown Order Form

Commencement: May 23, 2010 Order Deadline: April 5, 2010 Online Order Deadline: May 9, 2010

To order **on-line**: visit our website at celebratethetradition.com (credit card only).

To order by **phone**: **1.800.297.4743** (credit card only).

To order by **fax**: **1.888.550.8723** (credit card only).

To order by **mail**: Use the order form below. Complete and return **NO LATER THAN April 5, 2010** to:

Traditions • 1540 Louis Bork Drive • Batavia, IL 60510

DEADLINE. Orders **MUST BE RECEIVED NO LATER THAN APRIL 5, 2010**. Proper hood colors cannot be guaranteed after this date. **You may order online until midnight on MAY 9, 2010.**

HEIGHT. Measure full height from top of head to floor, **WITH SHOES ON.**

DEGREE. Please list highest degree/major. No abbreviations please! An incorrect degree will result in receiving the wrong tassel and/or hood color.

All caps, gowns, and hoods will be available for **pickup: ALUMNI MEMORIAL UNION, ROOM 227**
TUESDAY MAY 18 • 10AM to 6PM AND WEDNESDAY MAY 19 • 10AM to 4PM

✂ **Cut here** - - - - -

First Name		Middle Initial	Last Name	
Marquette Department			University Extension	
Daytime Telephone Number		Evening Telephone Number		Height, WITH SHOES ON _____ FEET _____ INCHES
DEGREE (Please list highest degree/major. No abbreviations please).			NAME OF INSTITUTION GRANTING DEGREE	
DISCIPLINE COLOR AT THAT INSTITUTION			INSTITUTION COLOR	
Bachelor cap, gown, and tassel			\$14.00	\$
Bachelor hood			\$14.00	\$
Master , cap, gown, and tassel			\$16.65	\$
Master hood			\$16.65	\$
Doctor cap, gown, and tassel			\$16.65	\$
Doctor hood			\$16.65	\$
TOTAL for Member of the Jesuit Order, NO CHARGE			\$ 0.00	\$ 0.00
TOTAL			TOTAL	\$

Payment Method: Check VISA MasterCard Discover Amex **Make checks payable to Traditions** **Return check fee \$30.00**

Account No. _____ Security Code (REQUIRED) _____ (3-digit found on back; AMEX 4-digit found on front)

Expiration Date ____ / ____ / ____ Cardholder's Name (please print) _____

Cardholder's Signature _____ Today's Date ____ / ____ / ____

Billing Address (if different than shipping- must complete): Name _____

Street Address _____ City _____ State _____ Zip Code _____