Section Plaque Order Form

State Bar of Michigan Section Annual Meeting

Plaques bear the State Bar of Michigan logo and section name. Sections may either provide text by way of addendum, or use standard text provided by the SBM. If a plaque other than the standard plaque is desired, please attach include detailed instructions by way of addendum. Additional charges may apply.

The cost of each plaque is $62.50 + tax & shipping charges. All charges will be applied to your section’s State Bar of Michigan expense account. Plaque orders are due fifteen business days before the requested delivery date. Orders submitted less than fifteen business days before requested delivery date are subject to a $15.00 rush fee plus any associated delivery charges.

*Please submit a separate form for each plaque ordered for your section!

DATE NEEDED: ___________________________________________
NAME TO BE ENGRAVED: ___________________________________
SECTION NAME: __________________________________________
YEAR: ___________________________________________________
CHAIR NAME/ORDERED BY __________________________________

☐ STANDARD PLAQUE: (8" x 10" rosewood plaque with double mounted plates, gold on blue, square edges.) $60.50  ☐ ALTERNATE PLAQUE (Additional fees apply) (Instructions Attached)

☐ STANDARD TEXT  ☐ ALTERNATE TEXT  ☐ RUSH REQUEST (addendum attached) ($15.00)

Choose delivery type:
☐ I will pick up the plaque during the State Bar of Michigan Annual Meeting at the on-site office. (No shipping fee associated.)
☐ Please mail the plaque (Additional charges for mailing fees may apply)

Mail To: __________________________________________
Address: __________________________________________

Please return this form to:

Jennifer L. Williams
State Bar of Michigan
306 Townsend Street, Lansing, MI 48933
Phone: 517.367.6421 Fax: 517.482.6248
jwilliams@michbar.org

For office use only:
Order Received:_________  Proof Received:_________  Gavel Received:_________
Order Submitted:_________  Proof Remitted:_________  Gavel Proofed:_________

Gavel Disbursed: SBM  Mail  Invoice No.______________  Tracking Number:__
Total:__________________  Date Mailed:_____________