

DOCTORS ONLY

PLEASE COMPLETE TOP AND BOTTOM PORTION OF THIS CARD  
CONTACT INFORMATION:

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(PRINT) Last Name                      First Name                      Middle Initial

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Telephone    E-mail

Height (in feet/inches): \_\_\_\_\_ Weight (in lbs): \_\_\_\_\_

School: Boston University Henry M. Goldman School of Dental Medicine

Degree being recieved (ex. DMD, CAGS, MsD, etc): \_\_\_\_\_

Pricing:                                      Set (Gown, Hood, Tam, Tassel, Generic Ann.)                      \$95

**We will charge your credit card the full price of custom regalia if you do not return your regalia set. \_\_\_\_\_ Initial**

**PAYMENT INFORMATION:**

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(PRINT) Last Name                      First Name                      Middle Initial

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Address

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City                      State                      ZIP Code

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Telephone                      **SCHOOL:** \_\_\_\_\_ **DEGREE:** \_\_\_\_\_

I authorize Barnes and Noble at Boston University to charge the replacement cost of regalia (\$750) if the regalia is not returned by **ONE WEEK** after the main ceremony.

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_