



American Culinary Federation Chapter Medal Order Form

American Culinary Federation, Inc. • 180 Center Place Way • St. Augustine, FL 32095 • Toll-free: (800) 624-9458 • Fax: (904) 940-0741 • www.acfchefs.org

Shipping Information

Name: _____ Chapter Title: _____ Member ID: _____
 Address: _____
 City: _____ State: _____ ZIP code: _____
 Phone: _____ Email: _____

Order Policies

1. Payment must be received prior to order shipment.
2. Cost of medals includes shipping via UPS Ground.
3. Rush fees and/or special shipping fees required in full at time of purchase.
4. Chapter medals may only be ordered by a chapter officer of record
5. All medals include a blue neck sash.

| Quantity | Description | Price | Amount |
|----------|---|--------|--------|
| | Chef of the Year Recipient: _____ Year: _____ Chapter: _____ Recipient Member ID: _____ | \$125 | |
| | Pastry Chef of the Year Recipient: _____ Year: _____ Chapter: _____ Recipient Member ID: _____ | \$125 | |
| | Chef Educator of the Year Recipient: _____ Year: _____ Chapter: _____ Recipient Member ID: _____ | \$125 | |
| | Student Chef of the Year Recipient: _____ Year: _____ Chapter: _____ Recipient Member ID: _____ | \$125 | |
| | Special Shipping overnight 2-day 3-day select | TBD | TBD |
| | Rush Fee (order received less than 2 weeks from event date) | \$25 | |
| | | Total: | |

Payment Information

I have enclosed a check made payable to the American Culinary Federation (ACF).
 Please bill my: Visa MasterCard Amex Discover

Account Number: _____ Exp Date: _____ CVV: _____
 Amount: _____
 Billing Address: _____
 City: _____ State: _____ ZIP code: _____
 Name on Account: _____ Signature: _____

Questions? Contact the Competition & Awards Administrator at 1-800-624-9458 ext. 211.

Office Use Only

Date Received: _____ Chapter ID: _____ CC Authorization #: _____