District Silver ADDY® entries to be judged in the National ADDY® Competition

Please type or write legibly.

All forms must be received by MONDAY, APRIL 8. Send completed form to: melissa.harper@scana.com

Company/Agency Name:				
Contact Name:				
Email:				
Phone:				
Entry Title 10 Digit	Entry ID	Categ	gory #	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Please send payment to: AAF District 3, Attn: Andrew Evan		bia SC 29204		
Total Amount Due:				
☐ Check Enclosed (payable to AAF)		American Expres	S	
*Include copy of form when paying by c	heck			
Card Number:				
Expiration Date: CVV				
Name as it appears on the card:				
Card Holder Billing Address:				
City:				
City.		otate	Zip Gode	
Card Holder Signature:				
Date:				
If you would like a receipt of the tra		ail address you v	vould like it sent to bel	ow:
Email:		<u> </u>		