



**Postmark Final Deadline October 13, 2017**

If you need an extension, call 214.377.3524, or email info@marcomawards.com.

|               |                      |                         |               |
|---------------|----------------------|-------------------------|---------------|
| CONTACT _____ |                      |                         |               |
| COMPANY _____ |                      |                         |               |
| ADDRESS _____ |                      |                         |               |
| CITY _____    | STATE/PROVINCE _____ | ZIP / POSTAL CODE _____ | COUNTRY _____ |
| PHONE # _____ | EMAIL _____          |                         |               |

|                       |       |             |       |       |                             |
|-----------------------|-------|-------------|-------|-------|-----------------------------|
| Entries               | _____ | x \$85      | = \$  | _____ |                             |
| Campaign/plan entries | _____ | x \$160     | = \$  | _____ |                             |
| Pro bono entries      | _____ | x \$0       | = \$  | 0     | (must also have paid entry) |
| <b>TOTAL</b>          |       | <b>= \$</b> | _____ |       |                             |

**SEND PAYMENT, ENTRY(IES)  
AND FORM(S) TO:**

**MARCOM AWARDS**  
ATTN: ENTRY DEPT.  
127 PITTSBURG ST  
DALLAS, TX 75207  
214.377.3524

| CATEGORY # | CLIENT | TITLE OF ENTRY | JUDGE'S USE |
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**Payment Options**  
Payable in U.S. dollars to MarCom Awards.

Check     Visa     MasterCard     Discover     American Express

Government entrants may call for other payment options.

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| CARD #          | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| EXPIRATION DATE | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> CCV CODE <input type="text"/> <input type="text"/> <input type="text"/>   |

LAST 3 DIGITS ON BACK OF VISA/MASTERCARD. 4 DIGITS ON FRONT OF AMERICAN EXPRESS.

PRINT NAME ON CARD \_\_\_\_\_ SIGNATURE \_\_\_\_\_

CARDHOLDER ZIP / POSTAL CODE \_\_\_\_\_

EMAIL ADDRESS FOR RECEIPT \_\_\_\_\_



**MARCOM**  
AWARDS



## FORM A

Please copy and attach to each entry:

COMPANY ENTERING:

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CATEGORY#

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TITLE OF ENTRY:

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**MARCOM**  
AWARDS



## FORM A

Please copy and attach to each entry:

COMPANY ENTERING:

---

CATEGORY#

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TITLE OF ENTRY:

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**MARCOM**  
AWARDS



## FORM A

Please copy and attach to each entry:

COMPANY ENTERING:

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CATEGORY#

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TITLE OF ENTRY:

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**MARCOM**  
AWARDS



## FORM A

Please copy and attach to each entry:

COMPANY ENTERING:

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CATEGORY#

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TITLE OF ENTRY:

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**MARCOM**  
AWARDS



## PRO BONO FORM

Please copy and attach to each entry:

COMPANY ENTERING:

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PRO BONO CLIENT:

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BRIEF SYNOPSIS:

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**MARCOM**  
AWARDS



## PRO BONO FORM

Please copy and attach to each entry:

COMPANY ENTERING:

---

PRO BONO CLIENT:

---

BRIEF SYNOPSIS:

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