

# Services UNE Ltd

Telephone (02) 6773 3073

Fax (02)6773 5223

## HIRE OF ACADEMIC DRESS

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Mr/Mrs/Ms/Miss

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please indicate date you require academic dress:

Date \_\_\_\_\_  
(Insert Date)

Collect / Mail (Postage \$10.00)

Please indicate the UNE award for which you require academic dress:

- |  |   |
|--|---|
| <input type="checkbox"/> Graduate Certificate in _____ | <input type="checkbox"/> Associate Diploma In _____ |
| <input type="checkbox"/> Graduate Diploma in _____     | <input type="checkbox"/> Bachelor of _____          |
| <input type="checkbox"/> Advanced Diploma in _____     | <input type="checkbox"/> Master of _____            |
| <input type="checkbox"/> Diploma in _____              | <input type="checkbox"/> Doctor of _____            |

**ITEM**

**Qty Price Total**

**TRENCHER** (All Graduands except Doctor)

52	53	54	55	56	57	58	59	60	61	62	63
6 3/8	6 1/2	6 5/8	6 3/4	6 7/8	7	7 1/8	7 1/4	7 3/8	7 1/2	7 5/8	7 3/4

cm (head circumference)

inches (hat size)

\_\_\_\_\_ \$30.00 \_\_\_\_\_

**GOWN** (All Graduands except Doctor)

Please indicate your height

152	157	162	168	173	178	183	187
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Cm

\_\_\_\_\_ \$45.00 \_\_\_\_\_

**HOOD** (Bachelor/Master ONLY)

\_\_\_\_\_ \$30.00 \_\_\_\_\_

**STOLE** (All Diplomas & Certificates)

\_\_\_\_\_ \$25.00 \_\_\_\_\_

**COMBINED BONNET/HOOD/GOWN** (Doctorates)

Head Circumference: \_\_\_\_\_ cm OR Hat Size: \_\_\_\_\_ inches

Your height \_\_\_\_\_ cm & Your chest: \_\_\_\_\_ cm

\_\_\_\_\_ \$105.00

**POSTAGE & HANDLING ( If order is being mailed)**

\$ 10.00 \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

In confirmation of my order please find enclosed my cheque/money-order/credit card details (please circle) for the above amount. Cheques are to be made payable to Services UNE Ltd. Please post order forms and payment to: Services UNE, P O Box U53, University of New England, NSW 2351. (Please do not post cash).

If paying with (please circle) Bankcard / Mastercard / Visa No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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