



Graduation DVD Sales Order Form

Name: _____

Address: _____

City, State, Zip: _____

Phone: (____) _____ - _____ Email address: _____

\$15 each DVD

FALL or SPRING (Please circle one)

Indicate how many of each:

_____ Undergraduate/Ph.D (Single ceremony)

_____ Pharmacy

_____ Physical Therapy

_____ Optometry

_____ Total Paid by: _____ Check _____ Cash _____ Credit Card

**Mail checks to:
UIWTV
PO Box 403
4301 Broadway
San Antonio, TX 78209
(210) 283-5044**