

## Consideration for Program

|  |                      |
|--|----------------------|
| Date:  | <input type="text"/> |
| Name of Store:   | <input type="text"/> |
| Jewelers Board of Trade ID #:<br>(This is required for your store to be considered.) | <input type="text"/> |
| Contact person:  | <input type="text"/> |
| Title of contact person:   | <input type="text"/> |
| Address:   | <input type="text"/> |
| City:  | <input type="text"/> |
| State:   | <input type="text"/> |
| Zip:   | <input type="text"/> |
| Phone number:  | <input type="text"/> |
| Fax number:  | <input type="text"/> |
| Graduate gemologist on staff?  | <b>Y or N</b>        |

Print

Please complete the form, print and fax to **1-972-541-6311**