

**CATEGORY ENTRY FORM** office use \_\_\_\_\_

(Choose entry category # from list on reverse.)

Category# \_\_\_\_\_ Process  Non-Process  Digital

Functions performed by entering company:

Composition  Preparatory  Presswork

Bindery  Stamping  Embossing

Die Cutting  Engraving  Digital

Press used: 1c  2c  4c  5c+  Web

**If "Impossible Job" attach explanation why.**

Your Customer: \_\_\_\_\_

Salesperson for this Job: \_\_\_\_\_

Your Company: \_\_\_\_\_

Designer: \_\_\_\_\_

**CATEGORY ENTRY FORM** office use \_\_\_\_\_

(Choose entry category # from list on reverse.)

Category# \_\_\_\_\_ Process  Non-Process  Digital

Functions performed by entering company:

Composition  Preparatory  Presswork

Bindery  Stamping  Embossing

Die Cutting  Engraving  Digital

Press used: 1c  2c  4c  5c+  Web

**If "Impossible Job" attach explanation why.**

Your Customer: \_\_\_\_\_

Salesperson for this Job: \_\_\_\_\_

Your Company: \_\_\_\_\_

Designer: \_\_\_\_\_

**CATEGORY ENTRY FORM** office use \_\_\_\_\_

(Choose entry category # from list on reverse.)

Category# \_\_\_\_\_ Process  Non-Process  Digital

Functions performed by entering company:

Composition  Preparatory  Presswork

Bindery  Stamping  Embossing

Die Cutting  Engraving  Digital

Press used: 1c  2c  4c  5c+  Web

**If "Impossible Job" attach explanation why.**

Your Customer: \_\_\_\_\_

Salesperson for this Job: \_\_\_\_\_

Your Company: \_\_\_\_\_

Designer: \_\_\_\_\_

**Submit Entries To:**

**9160 Red Branch Rd.  
Suite E-9  
Columbia, MD 21045**

**PGAMA OFFICE COPY** Must be submitted with each entry.\*

Submit to: 9160 Red Branch Rd., Suite E-9, Columbia, MD 21045

Designer Entry  Website Design Entry

Category# \_\_\_\_\_ (See opposite side for list of category #s.)

Process  Non-Process  Digital

Functions performed by entering company:

Composition  Preparatory  Presswork  Bindery  Stamping  Embossing  Die Cutting  Engraving  Digital

Press used: 1c  2c  4c  5c+  Web

Your Customer: \_\_\_\_\_

Salesperson for Job: \_\_\_\_\_

Your Company: \_\_\_\_\_

Contact \_\_\_\_\_

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

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

FOR PGAMA USE ONLY: CO. ID. \_\_\_\_\_

**\*This form may be reproduced.**