

Chaw/Order Number

Hoot Name

SHOW/Order Number	liost Name
Consultant Name	Show/Order Date
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ADDRESS (Including City, State, Zip)	
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*Refunds will be paid to the original form of payme	ent. In the case of checks or cash paid to a Consultant, a refund check will be issued.
Once you've received your order, please subn	de by members of a Native American tribe and shipped to the Indian reservation. nit this form to The Pampered Chef [®] Solution Center by fax or email, along with a copy per is 630-261-8587. Scanned copies in PDF format may be emailed to
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