

BILL TO/SHIP TO: Date: _____
 School / Organization: _____
 Name: _____
 Position: _____
 Street: _____
 City: _____ Prov.: _____ Code: _____
 Phone: _____
 Fax : _____
 Email: _____

SHIP TO: (if different from billing address)
 School / Organization: _____
 Name: _____
 Position: _____
 Street: _____
 City: _____ Prov.: _____ Code: _____
 Phone: _____
 Fax : _____
 Email: _____

METHOD OF PAYMENT

- Bill to my school / organization listed above PO#: _____
- Enclosed is my check / money order. Prepayment is required for personal orders.
- Charge to my: VISA Mastercard

- - -

Expiration Date: _____
 Signature: _____ Date: _____

Prices subject to change without notice.

| Quantity | Description / Title | Price | Product Total |
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Tax Exemption Number (If Applicable)



TOTAL
 Shipping / handling (min. charge \$10.00)
 Add 5% GST
 S &H add applicable taxes
 TOTAL DUE

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