

INTERNATIONAL ORDER FORM

Name _____ Title _____

Organisation _____

Address (no box numbers please) _____

City _____ Prov. _____ Country _____ Postal Code _____

Telephone Number (_____) _____ Fax Number (_____) _____

Authorised Signature _____ **SHIP TO** Address (if different from above) _____

CODE #	TITLE	PRICE PER COPY	# OF COPIES	TOTAL

Method of Payment (All Funds in U.S. Dollars)

☐ Cheque/money order enclosed (payable to the University of Toronto)

Order Subtotal:

Shipping & Handling:

Subtotal:

G.S.T. (7%)

Order Total:

Mail or Fax Order Form to:

Centre for Health Promotion, University of Toronto
155 College Street, Suite 400
Toronto, ON, Canada M5T 3M7

Shipping and Handling: \$20 minimum or 20% of total order

Delivery: Please provide a street address instead of a box number. Allow 4 weeks for delivery.

Method of Payment: All orders must be prepaid by cheque or money order. Please make payments payable to the University of Toronto.

Prices: Prices are subject to change without notice.