

## Send Completed Form with Payment to: 56 Sussex Cres. SW Calgary, AB T2W 0L5

Name:			Date:		
Organization:					
Address:					
City:		Province:	Postal Code:	Postal Code:	
Phone: (Including area code)		Fax	Email:	Email:	
(We will only send you emails about upcoming conferences or other important information in your area.)					
Quantity Item Code		Item		Per Item Price	Total
GST # 88312 2004 RT0001 THANK YOU FOR YOUR ORDER!				Sub Total	
Sorry - No Refunds or Exchanges				GST	
Prices are subject to				HST	
change.  * Shipping and Handling				S&H *	
charged as per Canada Post or CanPar.					
				Total Including Taxes	
METHOD OF PAYMENT  PLEASE MAKE CHEQUE PAYABLE TO AUTISM AWARENESS CENTRE INC.					
☐ Visa ☐ MasterCard ☐ Cheque Enclosed ☐ Purchase order #:					
Card Number:			Expiry Date:		
Name Of Cardholder:			Signature of Cardholder  (Must be signed)		
(Must be signed)					

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