

ORDER FORM

Order form applicable until end December 2006 (Australia)

	TOTAL
<input type="checkbox"/> Melbourne Assessment Packages @ \$720.00 + 10% G.S.T. = \$793.00 each plus Postage & Packaging @ \$21.00 + 10% G.S.T. = \$23.00 each TOTAL = \$816.00	\$ _____
<input type="checkbox"/> Melbourne Assessment Kit only @ \$412.00 + 10% G.S.T. = \$453.00 each plus Postage & Packaging @ \$21.00 + 10% G.S.T. = \$23.00 each TOTAL = \$476.00.	\$ _____
<input type="checkbox"/> Melbourne Assessment Manual @ \$330.00 + 10% G.S.T. = \$363.00 each plus Postage & Packaging @ \$10.00 + 10% G.S.T. = \$11.00 each TOTAL = \$374.00	\$ _____
TOTAL \$ _____	

Pre payment required by cheque or credit card.

Name: _____
Company: _____
Address: _____
_____ Post Code _____
Phone No: _____ Fax: _____
Email address: _____

**Please make cheques payable to Occupational Therapy Department
Royal Children's Hospital.**

or

Please bill my credit card: Master card / Visa / Amex

Name on Card: _____
Card No: _____
Expiry Date: ____ / ____ / ____
Signature: _____ Date: ____ / ____ / ____

MAIL TO:

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Occupational Therapy Department
Flemington Road Parkville Vic 3052
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Fax: (03) 9345 5561
Email: otdept@rch.org.au**