

# Developmental Dysplasia of the Hip DVD Order Form and Tax Invoice

ABN 35 655 720 546



Item	Price*	Qty	Total
Developmental Dysplasia of the Hip DVD	\$55		
Postage and handling (within Australia) 1-2 copies: \$7.95, 3 or more copies: \$12.95			
TOTAL (inc postage & handling)			

\* Prices are displayed in Australian dollars and include the 10% Goods and Services Tax (GST) set by the Australian Government. If you are purchasing from outside Australia, please email [rch.orthopaedics@rch.org.au](mailto:rch.orthopaedics@rch.org.au) for postage costs. Please allow two weeks to receive your order.

Delivery Details			
Contact Name	Title:	First name:	Surname:
Position			
Organisation			
Telephone		Email:	
Delivery Address	_____ _____ Suburb: _____ State: _____ Country: _____ Postcode: _____		

Payment Method	
<input type="checkbox"/>	I enclose a cheque/money order made payable to "The Royal Children's Hospital".
<input type="checkbox"/>	Please charge my credit card:
	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Card Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date:	___ / ___ / ___    Amount: \$: _____
Name of Cardholder:	_____
Cardholder's Signature:	_____

Please fax or mail this order form and payment to:  
 Orthopaedic Department  
 The Royal Children's Hospital  
 Flemington Road, Parkville, VIC, 3052, Australia  
 Fax: +61 3 9345 5447  
 General Enquiries:  
 Email: [rch.orthopaedics@rch.org.au](mailto:rch.orthopaedics@rch.org.au)  
 Phone: +61 3 9345 5444

Office use only
Amount received: \$ _____
Date order received: ___ / ___ / ___
Date sent: ___ / ___ / ___

Upon payment, this form becomes a Tax Invoice. Please keep a copy for your records.