



HEALTH EDUCATION AND TRAINING

A. Ordered by:

| | | | |
|--------------|----------------|----------------------|--|
| Name | | Title | |
| Organization | | | |
| Address | | | |
| City | Province/State | Postal Code/Zip Code | |
| Phone | Fax | | |
| Email | | | |

B. Payment Method:

Visa
 Master card

| | | | | | | | | | | | | | | | | | | | |
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Card Holder Account Number Expiry date on card

Cardholder Name _____
 Cardholder Signature _____

Please Invoice Me (organizations only)
 P.O # _____

Cheque Enclosed (Payable to HEAT Inc.)

C. Order Details: Please leave Item price blank

| Qty | Product ID | Title or Product Name | Item Price | Total Price |
|-----|------------|-----------------------|------------|-------------|
| | | | | |
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D. Shipping Address (if different from billing address above)

| | | | | |
|---|--|--|--|--|
| Name _____ Organization _____ Address _____ City _____ Province/State _____ Postal Code/Zip Code _____ Phone _____ Fax _____ | | | Sub Total | |
| | | | Add: \$13 for first item and \$1.50 for each additional item | |
| | | | NS Add: 15% | |
| | | | PEI Add: 14% | |
| | | | ON, NFLD, NB Add: 13% HST | |
| | | | GRAND TOTAL | |

*Please note: Applicable taxes do not apply to American customers.

(Prices subject to change without notice)