Print Resource Order Form

- ☐ Business
- ☐ School
- ☐ Doctor/Nurse Practitioner's Office
- ☐ Pharmacy
- ☐ Hospital
- ☐ Community Organization
- ☐ Public Health/Community Health Centre
- ☐ Individual

Shipping Address:

Contact Name: _____

Company: _____

Address: _____

City: _____

Province/Postal Code: _____

Telephone: _____

E-mail: _____

A COPY OF THIS ORDER FORM WILL ACCOMPANY YOUR SHIPMENT

Date: _____ Purchase Order No.: _____ Ship Via: _____

Resource Name/Title	Quantity Ordered	Unit Price	Cost

PHOTOCOPY AS REQUIRED

TOTAL _____

SEND COMPLETED FORM TO:
279 - 3rd Avenue North, Saskatoon, SK S7K 2H8
OR Fax: (306) 664-4016

Call for more information 306-244-2124, Toll-Free in Sask: 1-888-473-4636

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