



Online Store Order Form

Customer Information				
Name:				
Organization:				
Address:				
City:		Prov/Terr:		Postal Code:
Telephone	()	E-mail:		
Item (all prices are in Canadian Dollar)				
Description	Colour	Quantity	Cost per unit	Total
(NOTE: All shipping and handling charges are calculated on Regular Parcel rates. Courier service is available at extra charge.)			Sub-Total	
			Shipping & Handling	
			Grand Total	

Method of Payment (payment must be included with order)
<input type="checkbox"/> Cheque or Money Order made payable to: Aboriginal Nurses Association of Canada
Credit Card: <input type="checkbox"/> Visa # ____ / ____ / ____ / ____ exp. Date: __ / __ <input type="checkbox"/> Mastercard # ____ / ____ / ____ / ____ exp. Date: __ / __

Mail to: Aboriginal Nurses Association of Canada
56 Sparks Street Suite 502
Ottawa ON K1P 5A9