

ORDER FORM

Name: _____ Organisation: _____
 Address: _____
 State: _____ Phone: _____
 Postcode: _____ Fax: _____

Method of Payment

Cheque/Money Order Tax Invoice Required: Yes/No

Credit Card

Expiry Date /

Cardholder's Name _____

Cardholder's Signature _____

Item	Qty	Unit price	Total
Postage & Handling			
TOTALS			

ALL PRICES QUOTED ARE INCLUSIVE OF GST
 PLEASE NOTE THAT A POSTAGE AND HANDLING CHARGE IS APPLICABLE
 PRICES ARE SUBJECT TO CHANGE AT ANY TIME

The Centre for Cerebral Palsy
 106 Bradford Street
 COOLBINIA WA 6050
 ABN: 79 057 702 959

Postal Address:
 PO Box 61
 MOUNT LAWLEY WA 6929

Phone: (08) 9443 0255
 Fax: (08) 9444 7299
 Email: lorraine.avison@tccp.com.au



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