





Name:	Agency / Dept:
Mailing Address:	
Email:	
Telephone:	Fax:

Order Item	Unit Price	Quantity Requested	Order Item Total
magnet 3' x 3' 	\$65 / 100		
sticker 3' x 3' 	\$18 / 100		
brochure 	\$10 / 100		
bookmark 	\$7 / 100		
lunch bag 	\$4 / lunch bag	<input type="checkbox"/> Red ___ <input type="checkbox"/> Blue ___	
poster 33" x 19" 	\$15 / 10		
vinyl banner 66" x 38" 	\$63 each		

For orders outside Alberta add 20%. For orders outside Canada add 35%.

Shipping Charges by Canada Post will be added

TOTAL: _____

<p>Mail or Fax order form to:</p> <p>Calgary Health Region Attention: Oral Health Secretary 10101 Southport Rd SW, Calgary Alberta, T2W 3N2 Phone: 403-943-6797 Fax: 403-943-2244</p>

To view all products or to download this form, please visit the web site:

<http://www.calgaryhealthregion.ca/programs/dental/rytd.html>