

M.U.M.S. Guideline Order Form - BULK

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Form Jun-10a

INVOICE NO. _____
 (for office use only)
 HST Registration: 13919 5879RT

DATE: _____

ORDER PLACED BY:

SHIP TO:

Name: _____

Street Address: _____

Phone: _____

Fax: _____

City, Province: _____

E-mail: _____

Postal/Zip Code: _____

Credit Card: VISA M/C

Country: _____

Credit Card #: _____

Expiry Date: _____

Signature/Nmae
of Cardholder: _____

Payment methods accepted: VISA, MasterCard, Cheque or Money order **(Payable to: MUMS)**.

Orders will be processed upon receipt of payment. No Refunds. Orders will generally be delivered within 4-6 weeks. The proceeds from all purchases will be directed to maintaining and updating these guidelines. Prices subject to change without notice.

*** FOR BOOKSTORES and/or orders of 500 OR MORE e-mail or call our office.**

Price List for Guidelines Below:	QUANTITY	UNIT PRICE
	1-9	Use general order form at www.mumshealth.com
	10-49	\$22.00
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	100-499	\$20.00

DESCRIPTION	UNIT PRICE (See above)	QTY	LINE TOTAL
Latest Edition: Anti-Infective Guidelines for Community-Acquired Infections - 2010			
Latest Edition: Hypertension Guidelines for Family Medicine - 2008			
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2007 Edition with 2010 Website Update : Respiratory (Asthma/COPD) Guidelines for Family Practice - 2007			

SUBTOTAL

TAX - Add HST (5% of Subtotal)

Shipping / Handling
 (You may provide your courier name & number. Otherwise, we will bill using best method. If require exact amount please e-mail or call.)

TOTAL

Thank you for your order
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