Spina Bifida and Hydrocephalus Association of Quebec

Order Form

Code and Title	Quantity	Price (member / non member)	Sub-total
		Total	**$**
		GST	**$**
		GRAND TOTAL	**$**

Please send documentation to : ☐ Member ☐ Non-Member

Name : _____

Address :_____

_____

Tel. : (_____) _____ - _____ **Fax :** (_____) _____ - _____

E-Mail : _____

Type of payment ☐Cheque ☐Visa ☐ Mastercard

Credit card number :_____

Expiry date : _____

Signature _____ Date: _____

Please send this order form, either by mail or fax to the following address :

Spina Bifida and Hydrocephalus Association of Quebec
3333, Queen Mary Road, Suite 542 Montreal Quebec H3V 1A2
Tel. : (514) 340-9019 1 800 567-1788 Fax : (514) 340-9109 E-Mail : info@spina.qc.ca

Thank you