



## Order Form

**Bill to:**

**Name**

**Organisation**

**Address**

**Postcode**

**Phone**

**Email**

**Ship To: (if different than "Bill to")**

**Name**

**Organisation**

**Address**

**Postcode**

**Phone**

**Email**

**Date:**

**Purchase Order #**

<b>"Risking it All: FASD Prevention for a brighter future"</b>				<b>Quantity Req</b>	<b>Line Total (Incl GST)</b>
<b>HANDBOOK</b>	Qty 1-5 \$16 per unit	Qty 6-49 \$12 per unit	Qty 50+ \$9.00 per unit	[   ]	\$
<b>DVD</b>	Qty 1-5 @ \$9 per unit	Qty 6-49 \$7.00 per unit	Qty 50+ \$5 per unit	[   ]	\$
<b>Total (includes GST, Postage &amp; Packaging)</b>					<b>\$</b>

Send Orders to:

Alcohol Healthwatch Trust  
 PO Box 99407, Newmarket, Auckland  
 1149  
 Or Fax : 09 520 7175  
 Or Email: [christine@ahw.org.nz](mailto:christine@ahw.org.nz)  
 Phone: 09 520 7037

Please select your payment method:

- Please send me my order & I will pay on invoice  
(20<sup>th</sup> of following month)
- Cheque made out to **Alcohol Healthwatch**.
- Direct Deposit: \$ \_\_\_\_\_  
Alcohol Healthwatch 12-3013-0878975-00  
Please put your name and "Resources" as reference.

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 Authorised by:

Name:

Position:

Date: