

Mail Order Form

QTY PRODUCT

_____ On-line Education CD-ROM \$ 90 (includes shipping, handling and tax)

TOTAL \$ _____

Requested By (please print clearly):

NAME

COMPANY

ADDRESS

CITY

PROVINCE / STATE

POSTAL CODE

COUNTRY

EMAIL

Ship To (if different):

NAME

COMPANY

ADDRESS

CITY

PROVINCE / STATE

POSTAL CODE

COUNTRY

EMAIL

Payment Method:

Cheque or Money Order (all orders must be prepaid)

Please make cheque payable to: **The Ottawa Hospital Rehabilitation Centre**
Phone: **613-737-8899 Ext. 75680**
Email: **npaquette@ottawahospital.on.ca**

Outreach Services
The Ottawa Hospital Rehabilitation Centre
Room 1102
Attn: Nicole Paquette
505 Smyth Road
Ottawa, ON, K1H 8M2
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