



Phone: 780.423.4764    Toll Free: (Alberta only): 1.800.561.3899    Fax: 780.420.0651    Website: www.cpsa.ab.ca

2009 Medical Directory Prices					
Picked up at CPSA office (each)		Delivered within Edmonton (each)		Delivered outside Edmonton (each)	
Directory	\$100.00	Directory	\$100.00	Directory	\$100.00
Delivery	N/A	Delivery	10.00	Delivery	17.00
GST	5.00	GST	5.50	GST	5.85
<b>TOTAL</b>	<b>\$105.00</b>	<b>TOTAL</b>	<b>\$115.50</b>	<b>TOTAL</b>	<b>\$122.85</b>

**Order information**

<b>Order Date</b>					
<b>Organization</b>					
<b>Contact Name</b>					
<b>Phone Number</b>					
<b>GST Exempt</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide proof of exemption				
<b>Quantity</b>	_____ Pickup <input type="checkbox"/> Delivery <input type="checkbox"/>				
<b>Total Amount Due</b>	\$ _____ Note: Payment or purchase order must accompany order				
<b>Shipping Address</b>			<b>Billing Address</b>		

<b>Ship to Attention:</b>	<b>Bill to Attention:</b>
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<b>Payment method</b>	Cash <input type="checkbox"/> Cheque <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Debit Card <input type="checkbox"/>
	Electronic Funds Transfer (EFT) <input type="checkbox"/> Note: EFT Remittance Advice must include reference to order, order date and "Medical Directory"
	Purchase Order Number * _____ *Please provide e-mail address where invoice is to be sent: _____

The following information is required if payment is by credit card:	Accounting Use Only
Card number	Daily Cash Sale <input type="checkbox"/>
Name on card	Invoice <input type="checkbox"/>
Signature	Date
Expiry Date	Invoice #
The following options are available when ordering your Directory: <ul style="list-style-type: none"> <li>Fax to 780.420.0651, Attention: Reception</li> <li>Mail to the College office, Attention: Reception 2700-10020 100 ST NW, Edmonton AB T5J 0N3</li> <li>E-mail to <a href="mailto:Directories@cpsa.ab.ca">Directories@cpsa.ab.ca</a></li> </ul>	Date Shipped
	Courier
	Waybill #
	Job #
	Authorization #

The individually identifiable and financial information on this form is collected by the CPSA under the authority of the Health Professions Act. It is used only for the purpose of processing medical directory orders and will not be disclosed to anyone other than the claimant or his/her legal representative. This financial form will be retained in compliance with federal government regulations and then securely disposed.