

Boutique Order Form

To order an item from the boutique, please print this order form, fill it in and mail it (for cheque purchases) to: **CAWC, 2171 Avenue Road, Suite 102, Toronto, ON M5M 4B4**; or fax it (for credit card purchases) to **416-485-2291**. Orders take 7–10 days to deliver from the time we receive the order and payment.

IMPORTANT: Effective October 1st 2007, the CAWC will no longer accept purchase order numbers to pay for boutique orders. Each order must be accompanied by a cheque or credit card number. **All sales are final.**

All four sections of this order form, A – D, must be completed or we cannot fill your order.

A	Item Description	Price	CAWC Member Price	Qty.	Total
1	<i>Chronic Wound Care: A Clinical Source Book for Healthcare Professionals, Fourth Edition</i>	\$165	\$149		
2	CAWC Wound Care Slide Series on CD (English and French)	\$30	\$25		
3	Quick Reference Guide (QRG)				
	a. English, package of 10	\$5	\$3		
	b. French, package of 10	\$5	\$3		
4	Wound Rulers, 25-sheet pads, package of 10 pads	\$10	\$8		
5	<i>Wound Care Canada</i> – Best Practice Articles – REPRINT (available in English only)	\$20	\$10		
6	CAWC Sensory Testing Monofilaments, with Instruction Card; package of 25; <i>particularly useful for patients and lay caregivers</i>				
	a. English	\$35	\$30		
	b. French	\$35	\$30		
7	CAWC Sensory Testing Monofilaments, without Instruction Card; package of 20				
	a. English	\$25	\$20		
	b. French	\$25	\$20		
8	Canadian Association of Wound Care lapel pin	\$15	\$10		
Subtotal					

B	IMPORTANT: Add, for shipping and handling:	
	Item 1: \$18 for the first book and \$5 for each additional book	
	Item 2: \$5 for the first CD and \$2 for each additional CD	
	Items 3 & 4: \$3 for the first pack of 10 and \$1 for each additional pack of 10	
	Item 5: \$3 for 1 – 5 reprints and \$5 for each additional 5 reprints	
	Item 6: \$5 for one pack or \$10 for 2 – 10 packs	
	Item 7: \$2 for one pack or \$4 for 2 – 10 packs	
	Item 8: \$2.50 for 1 – 10 pins	

Note: All prices are in Canadian dollars. **All sales are final.**

Promotional Code:

C	GST: Add 5% of Subtotal
Total	
Grand Total	<input style="width: 60px; height: 20px;" type="text"/>

D	Required Information (PLEASE PRINT)	
NAME:	CAWC MEMBERSHIP NO.:	
ADDRESS:		
PROVINCE:	POSTAL CODE:	
PHONE NUMBER:	EMAIL:	
PAYMENT METHOD: <input type="checkbox"/> CHEQUE (ENCLOSE A CHEQUE PAYABLE TO CANADIAN ASSOCIATION OF WOUND CARE)		
CREDIT CARD: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX		
CARDHOLDER'S NAME:		
CREDIT CARD NUMBER:	EXPIRY DATE:	
SIGNATURE:		