



MY OPIOID MANAGER BOOK ORDER FORM

\$20.00 Plus Shipping

ORDER INFORMATION:

Name: _____

Address: _____

City: _____ Prov: _____ Postal: _____

Email: _____

Tel: _____

MAY WE CONTACT YOU BY EMAIL AT A LATER DATE TO ASK YOU TO COMPLETE AN ONLINE SURVEY ABOUT THE USEFULNESS OF THE BOOK?

Yes _____ No _____

TOTAL ORDER: Quantity _____ x \$20.00 \$ _____

SHIPPING Quantity _____ x \$5.00 each book \$ _____

TOTAL (Total is total # of books ordered, x \$20, plus \$5.00 per book for shipping) \$ _____

PAYMENT BY CREDIT CARD: (Choose one) VISA MASTERCARD AMEX

Name on Card: _____ CVN _____

Credit Card No: _____ Expiry: _____

Note: All credit card payments are processed by Events In Sync, Inc. Your credit card statement will show Events In Sync, Inc. as the vendor for this transaction. All proceeds are sent to the Canadian Pain Coalition upon receipt.

PAYMENT BY CHEQUE: Complete this form and make the cheques payable to **Canadian Pain Coalition and mail to 1143 Wentworth Street West, Suite 202, Oshawa, ON L1J 8P7**

If you prefer, you can also fax or email this form to the CPC office at: **Fax: 1-905-404-3727**

Email: office@canadianpaincoalition.ca

QUESTIONS? Contact us by phone – **905-404-9545** or email office@canadianpaincoalition.ca