

MCGILL UNIVERSITY
IMGL MEMBER ORDER FORM

Date: _____

Bill to:

Ship to: (if different from Billing address)

Company Name:	Company Name:
Address:	Address:
City:	City:
Prov: Code:	Prov: Code:
Contact:	Contact:
Phone:	Phone:
Fax:	Fax:

Item	Qty	Unit price	Total
Youth Gambling Problems: Practical Information for Professionals in the Criminal Justice System (CD-ROM and DVD)		75.00 Shipping Incl	
TOTAL			

PLEASE MAKE CHEQUE PAYABLE TO:

McGill University
(Reference Youth Gambling Centre)

3724 McTavish Street
Montreal, QC H3A 1Y2
Phone: 514-398-1391; Fax: 514-398-3401



International Centre for
Youth Gambling Problems
and High-Risk Behaviors

WWW.YOUTHGAMBLING.COM

If paying by credit card, please complete and return the attached form by fax or mail.

Credit Card Transaction

Date: _____

Type of credit card: _____ Visa _____ MasterCard

Credit card number: _____

Expiry date: _____

Contact phone number: _____

Cardholder's Name: _____
please print (as it appears on credit card)

Agrees to purchase the following item(s):

_____	\$ _____
_____	\$ _____
_____	\$ _____

Shipping charges (if applicable) \$ _____

TOTAL amount to be charged to your credit card: \$ _____

Cardholder's signature: _____

Order will not be processed without appropriate signature

Please fax completed form to 514-398-3401