MCGILL UNIVERSITY ORDER FORM

Bill to:		nip to: (if different from Billing Address)
	Company Name:	Company Name:

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

Item	Qty	Unit price	Total
The Amazing Chateau (Elementary) (3 rd to 7 th grade; CD-ROM/manual)		60.00	
Hooked City (High School; CD-ROM and manual)		60.00	
Youth Gambling: An awareness and prevention workshop. Level 1 (10-13 years old) (PowerPoint Presentation & Manual)		110.00	
Youth Gambling: An awareness and prevention workshop. Level 2 –Revised (13-17 years old) (PowerPoint Presentation & Manual)		110.00	
Clean Break DVD & Manual for use with secondary school, youth protection centres, high risk adolescents (14-18 years old)		80.00	
Clean Break VHS & Manual for use with secondary school, youth protection centres, high risk adolescents (14-18 years old)		80.00	
Know Limits – Board Game (12-18 years old) game and manual		100.00**	
Youth Gambling Problems: Practical Information for Professionals in the Criminal Justice System (CD-ROM and DVD)		90.00	
Youth Gambling Problems: Practical Information for Health Professionals (CD-ROM and DVD)		90.00	
SHIPPING \$10/Canada OR \$15/U.S and Intl **Know Limits Additional Shipping Charge; \$15/Canada, \$20/U.S. and Intl			
TOTAL			

PLEASE MAKE CHEQUE PAYABLE TO:

McGill University (Reference Youth Gambling Centre)

Date: ____

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 email.

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 ap	opears on credit card)	
Agrees to purchase the follow	ving item(s):		
			\$
			\$
			\$
Shipping charges (if applicab	le)		\$
TOTAL amount to be ch	arged to your crea	dit card: \$	
Cardholder's signature:			

Order will not be processed without appropriate signature

Please fax completed form to 514-398-3401