

ORDER FORM

To: Family Planning Welfare Association of NT Inc, P.O. Box 503, Nightcliff NT 0814
 Ph #: 89480326 Fax #: 89480626 Email: admin@fpwnt.com.au

ORDER NUMBER:

NAME:.....

ORGANISATION:.....

INVOICE ADDRESS:

.....

DELIVERY ADDRESS:

We wish to order the following:

<u>ITEM:</u>	<u>PRICE: \$</u>	<u>NO. REQ'D:</u>	<u>TOTAL:</u>
<u>Books</u>			
Contraception: an Australian Clinical practice Handbook	55.00	.....	.....
With/ CD	88.00	.....	.....
<u>Reproductive and Sexual Health:</u>			
An Australian Clinical practice Handbook	59.95	.....	.....
Taking Cervical Smears	10.00	.....	.....
Women's Waterworks	10.00	.....	.....
Sexual Health:	90.00	.....	.....
An Australian Perspective	95.00	.....	.....
Sexual Health Medicine	95.00	.....	.....
<u>VIDEOS</u>			
Birth Spacing	N/C	.....	.....
The Pap Smear	N/C	.....	.....
Cry of the spirit	N/C	.....	.....
<u>FLIP CHARTS</u>			
Breast Self Examination	N/C	.....	.....
The Pap Test	N/C	.....	.....
FPQ Contraception	40.00	.....	.....
<u>OTHER</u>			
Magnet kits	p.o.a	.....	.....
Contraceptive kit #1	170.00	.....	.....
Contraceptive kit # 2	225.00	.....	.....
Contraceptive Board	55.00	.....	.....
Menstrual Education kits	22.00	.....	.....
Banana penis	11.50	.....	.....
Speculites	140.00	.....	.....
TOTAL COST INCLUDING GST			.....
(PLUS POSTAGE (ALLOW \$7- \$15))			.....

TO PAY BY VISA or MASTERCARD CREDIT CARD:

CARD/ACCOUNT NUMBER: EXPIRY DATE:

AMOUNT: \$..... ACCOUNT NAME:.....

SIGNATURE:.....