

CIHI Order Form

(Please fill out the form online, then print and submit it.)

Identification

Name:	Title:
Address:	Organization:
City:	Telephone:
Province:	Fax:
Postal Code:	Email:

Method of Payment

- I have enclosed a cheque or money order for \$ _____, payable to the Canadian Institute for Health Information.
- Visa MasterCard American Express

Card Number:	Expiry Date:
Cardholder Name:	Signature:

Please send this form (and cheque/money order, if applicable) to
Canadian Institute for Health Information, Order Desk, 495 Richmond Road, Suite 600 Ottawa, ON K2A 4H6
Tel.: 613-241-7860 Fax: 613-241-8120 Email: orderdesk@cihi.ca or commandes@icis.ca

Price A applies to Canadian health care facilities, governments, not-for-profit health agencies, universities, health professionals and researchers from the public sector.

Price B applies to private commercial operations (such as, but not limited to, software vendors and consultants), foreign clients and others not qualifying for Price A.

Payment must accompany all orders (if applicable).

Product	Quantity	Price	Total

	Subtotal	_____
Handling and shipping applicable to orders outside of Canada (minimum charge of \$25.00)		_____
	GST or HST*	_____
	Quebec residents add QST (9.975%) B.C. residents add PST (7%)	_____
	TOTAL	_____

GST/HST Registration No. R137411641
 QST Registration No. 1209649345
 B.C. PST Registration No. PST-1013-3445

* All Canadian orders are subject to either a 5% Goods and Services Tax or a Harmonized Sales Tax (Ontario, 13%; New Brunswick, 13%; Nova Scotia, 15%; Prince Edward Island, 14%; Newfoundland and Labrador, 13%).