MCGILL UNIVERSITY 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 |
|---|-----|------------|-------|
| The Amazing Chateau (Elementary) (3 rd to 7 th grade; CD-ROM/manual) | | 50.00 | |
| Hooked City (High School; CD-ROM and manual) | | 50.00 | |
| Youth Gambling: An awareness and prevention workshop. Level 1 (10-13 years old) (PowerPoint Presentation & Manual) | | 100.00 | |
| Youth Gambling: An awareness and prevention workshop. Level 2 –Revised (13-17 years old) (PowerPoint Presentation & Manual) | | 100.00 | |
| Clean Break DVD & Manual for use with secondary school, youth protection centres, high risk adolescents (14-18 years old) | | 70.00 | |
| Clean Break VHS & Manual for use with secondary school, youth protection centres, high risk adolescents (14-18 years old) | | 70.00 | |
| Know Limits – Board Game (12-18 years old) game and manual | | 90.00** | |
| Youth Gambling Problems: Practical Information for Professionals in the Criminal Justice System (CD-ROM and DVD) | | 80.00 | |
| Youth Gambling Problems: Practical Information for Health Professionals (CD-ROM and DVD) | | 80.00 | |
| SHIPPING \$5/Canada OR \$10/U.S and Intl **Know Limits Shipping \$10/Canada, \$20/U.S. and Intl | | | |
| 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

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



International Centre for Youth Gambling Problems and High-Risk Behaviors WWW.YOUTHGAMBLING.COM

Credit Card Transaction

| Date: | | | | |
|--------------------------------------|----------------|-------------|--------------|--------|
| Type of credit card: | Visa | | MasterCard | |
| Credit card number: | | | | |
| Expiry date: | | | | |
| Contact phone number: | | | | |
| | | | | |
| Cardholder's Name:please | nrint (ag it | | aradit aard) | |
| piease | e print (as it | appears on | credit card) | |
| Agrees to purchase the following ite | em(s): | | | |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| Shipping charges (if applicable) | | \$ | | |
| TOTAL amount to be charged | to your c | redit card: | \$ | |
| | | | | |
| | | | | |

Cardholder's signature:

Order will not be processed without appropriate signature

Please fax completed form to 514-398-3401