# **GREEN’S PUBLISHING: ORAL WMT ORDER FORM**

# **PRICES DURING COVID-19 PANDEMIC ONLY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Registered User:** | | | | | | |  | | | | | | | |
| **Institution:** | | |  | | | | | | | | | | | |
| **Shipping Address:** | | | |  | | | | | | | | | **Suite:** |  |
| **City:** |  | | | | | | | **State / Province:** | | | |  | | |
| **Zip / Postal Code:** | | | | |  | | | | **Country:** | |  | | | |
| **Phone:** | |  | | | | | | | **Fax:** |  | | | | |
| **Email of registered user:** | | | | | |  | | | | | | | | |
| (Necessary to provide you with updates & access to our WMT USER group email list / list serve) | | | | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Price | Shipping & Handling | **Total** |
| **□** | **Green’s WMT Oral Forms - 5 printed forms**  (only available to licensed users of the computerized WMT) | $30 | $20 | **$50 U.S.** |
| **□** | **Green’s WMT Oral Forms - 10 printed forms**  (only available to licensed users of the computerized WMT) | $60 | $20 | **$80 U.S.** |
| **□** | **Green’s WMT Oral Forms - 15 printed forms**  (only available to licensed users of the computerized WMT) | $90 | $20 | **$110 U.S.** |
| **□** | **Green’s WMT Oral Forms - 20 printed forms**  (only available to licensed users of the computerized WMT) | $120 | $20 | **$140 U.S.** |
| **□** | **Green’s WMT Oral Forms with 25 printed forms**  (only available to licensed users of the computerized WMT) | $140 | $20 | **$160 U.S.** |
|  |  | | **TOTAL** | **$\_\_\_\_\_\_ U.S.** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **☐Cheque enclosed payable to: GREEN & KRAMAR ACT LTD.** | | | | | | | |
| **☐Money will be transferred via wire to bank (*for European customers)-Please note there is a $15.00 (US) fee for wire transfers*** | | | | | | | |
| **☐Send an invoice*-Please note we will not provide any products until we receive payment*** | | | | | | | |
| **☐VISA or Mastercard #:** |  |  |  |  | **Exp:** |  |
| **Cardholder (if not reg user):** |  | | | | **CVV# (three digits on back)** |  | |
| **Address** |  | | | | **City** |  | |
|  |  | | | | **Zip/Postal** |  | |

**Professional Credentials:**

Registration/License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registered with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered State/Province/Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest degree attained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major field: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SEND FORM BY FAX: (236) 420-4891 EMAIL:** [**GreensPublishing@gmail.com**](mailto:GreensPublishing@gmail.com)

**MAIL: #105, 1726 Dolphin Avenue, Kelowna, British Columbia, V1Y 9R9, Canada**

**\*\*\*EMAIL Address for INVOICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**