

STUDY GUIDE ORDER FORM

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Name				
Company Name				
Mailing Address (Number, Street, Unit#)				
City/Town	Post	al Code	Phone	
Email Address			Fax	
Privacy Policy: OIMP will use this personal information collected to a	communicate with you re	garding update	es to the program.	
Please Select your Language Preferenc	e for Study Gu	ide		
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Study Guide Fees (HST # 121262919)	# Rec	uired	Amount Due	
\square Members \$150.00 + 7.50 (5% HST) = \$15			\$	
□ Non-Members \$300.00 + 15.00 (5% HST) = \$3	15.00 ×	=	\$	
Method of Payment (Payment must accompany	form)			
☐ Cheque (payable to OIMP) ☐ VISA ☐	l MasterCard			
Card #		E	XP (mm/yy)	
Cardholder Name				
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