



ORDER FORM

Karitane, P O Box 241, Villawood NSW 2163
 Tel No: (02) 9794 2300 Fax No: (02) 9794 2323
 Email: karitane.online@swhs.nsw.gov.au

ABN: 25 000 018 842

CD's AND TAPES (Music for Dreaming, Lullabies for babies and adults to dream to)									
<input type="checkbox"/>	CD	\$29.95	QTY: _____	\$	<input type="checkbox"/>	TAPES	\$19.95 QTY: _____	TOTAL	\$

<input type="checkbox"/>	CD OZZIE "BAI HAT" SONGS FOR KIDS (ENGLISH & VIETNAMESE) @ \$10.00	QTY: _____	\$
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BABY MAPS OR POSTER - Available in the following languages, please indicate quantity of each.							
POSTER	<input type="checkbox"/> English	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Arabic	<input type="checkbox"/> Bosnian	<input type="checkbox"/> Serbian	Cost: \$2.00	\$
BOOKLET	<input type="checkbox"/> English	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Arabic	<input type="checkbox"/> Bosnian	<input type="checkbox"/> Serbian	Cost: \$2.00	\$

WRAPS 135CM X 105CM (LARGE)	<input type="checkbox"/> Pink <input type="checkbox"/> Yellow <input type="checkbox"/> Green <input type="checkbox"/> White	\$12 each or 2 x \$20 QTY: _____	TOTAL	\$
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PLEASE NOTE: THERE IS A CHARGE OF 15 CENTS PER KARITANE BROCHURE CONTAINING 4 PAGES AND 30 CENTS PER KARITANE BROCHURE OVER 4 PAGES

KARITANE INFORMATION BROCHURE	QTY	AMOUNT	KARITANE INFORMATION BROCHURES	QTY	AMOUNT
<input type="checkbox"/> Toddlers - (8 Pg)			<input type="checkbox"/> Gastro-Oesophageal Reflux (GOR) - (4 Pg)		
<input type="checkbox"/> Toddler Nutrition - (4 Pg)			<input type="checkbox"/> Wrapping Your Baby 0 - 4 Months - (4 Pg)		
<input type="checkbox"/> Breastfeeding - (12 Pg)			<input type="checkbox"/> Sleep & Settle (0-12 Months) - (12 Pg)		
<input type="checkbox"/> Tips for Introducing Solids - (8 Pg)			<input type="checkbox"/> Postnatal Depression - (4 Pg)		
TOTAL		\$	TOTAL		\$

<input type="checkbox"/> KARITANE MAGNETS (NO CHARGE FOR MAGNETS ONLY POSTAGE)	QTY: _____
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POSTAGE & HANDLING CHARGES (ACCORDING TO WEIGHT/PACKAGING)	\$
TOTAL COST (GST Inc in All Prices) \$	

METHOD OF PAYMENT <input type="checkbox"/> Cheque <input type="checkbox"/> Bankcard <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Money Order (No.)..... Expiry Date __ / __ / __ Credit Card No ____ / ____ / ____ / ____ CNR No __ __ (Please turn card over & note the last 3 numbers)	Name _____ Address _____ _____ Postcode _____ Phone () _____ Fax () _____ Email: _____
Make Cheques payable to: KARITANE Authorised Signature _____ Cardholder's Signature _____	