



Purchase Request Form CME's Pandemic Preparedness Plan

Contact Information

First Name:*		Last Name:*	
Title:		Company Name:	
Address:*		Postal Code:*	
City:*		Province:*	
Telephone:*		Fax:	
Email:*			

Fees Cover cost of printing and shipping.

<input type="checkbox"/> Sub-total One copy:	\$ 50.00	No. of English Copies:	@ \$50
		No. of French Copies:	@ \$50
	GST: \$ 3.50	GST:	
	Total: \$ 53.50	Total Cost for Multiple Copies:	

Method of Payment

Cheque - Please make cheque payable to Canadian Manufacturers & Exporters and mail with a copy of your form to: Valentina Kolosova, Canadian Manufacturers & Exporters, 1 Nicholas Street, Suite 1500, Ottawa, ON, K1N 7B7

Visa MasterCard AMEX

If paying by credit card, your credit card statement will show "Alliance of Manufacturers & Exporters"

Name on Credit Card:			
Card Number:		Expiration Date: (MM/YYYY) 4 digits required for the expiry year	
Are you GST exempt?	Yes <input type="radio"/> No <input type="radio"/>	If so, please enter your GST number	

Please fax in your Purchase Request Form to
Valentina Kolosova @ 613-563-9218