



Publication Order Form

| | |
|-------|--|
| Date: | |
|-------|--|

| Bill To: | |
|---------------------------------|--|
| Contact Name/Organization Name: | |
| Street Address: | |
| City, Province, Postal Code: | |
| Telephone: | |
| Email Address: | |

| Ship To: | |
|---------------------------------|--|
| Contact Name/Organization Name: | |
| Street Address: | |
| City, Province, Postal Code: | |
| Telephone: | |

| Description | Quantity | Unit Price | Amount |
|---|----------|------------|--------|
| Code of Ethics and Standards of Practice - English | | | |
| Code of Ethics and Standards of Practice - French | | | |
| Continuous Professional Learning Handbook - English | | | |
| Continuous Professional Learning Handbook - French | | | |
| <i>(Shipping costs by regular mail will be added) TOTAL</i> | | | |

| <input type="checkbox"/> PAY BY INVOICE | | <input type="checkbox"/> PAY BY CREDIT CARD | |
|---|--|---|--|
| PO # (if applicable) | | | |
| Name of card holder | | | |
| Credit Card # | | | |
| Expiry Date | | | |
| 3 Digit Security Code (CVV): | | | |
| Cardholder Signature | | | |

Please note:

The invoice will reflect that 3% per annum interest (calculated and payable monthly) may be charged on all outstanding balances that remain unpaid after 60 days from the invoice date.

Mail Completed Order Form to:

Attn: College of Early Childhood Educators
 438 University Avenue, Suite 1900
 Toronto ON M5G 2K8