

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:	-	<u></u>			
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					
(Shipping costs by regular mail will be added) TOTAL					
		1			
□ PAY BY INVOICE			□ PAY BY (CREDIT CARD	
PO # (if applicable)					
Name of card holder					
Credit Card #					
Expiry Date					
3 Digit Security Code (CVV):					
Cardholder Signature					

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 375 University Avenue, Suite 800, Toronto ON M5G 2J5