

## **Mailing Address:**

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		CUSTOMER INFORMATION	I				
NAME	i:						
COMF	PANY:						
ADDR	ESS:						
CITY:		PROVINCE:	PROVINCE:				
POSTAL CODE:		PHONE NUM	PHONE NUMBER:				
All ord	lers must be prepaid.	Packages	will be	e sent via	CANADA	POST.	
		CREDIT CARD ORDERS					
CARD NO: EXP. DATE: /				VISA			
SIGN	ATURE:	_			Mas	sterCard.	
		ORDER FORM					
NO	PRODUCT			QTY	PRICE	TOTAL	
		HANDLE CHARGES	Subtotal				
Prices for parcels are based on weight and destination.  Prices are subject to change without notice.  For more information on the shipping and handling charges,				ping & F	TOTAL		
		18) 745-2444 x 2002	P	REPAYI	MENT REC	QUIRED	