

# Women's Network PEI

*We are a not-for-profit volunteer organization working on issues of importance to women.*

## Order Form

TITLE	PRICE	QTY	TOTAL
<b>Relationship Book</b>	<b>\$9.95</b>	_____	<b>\$_____</b>
<b>Relationship Book - Facilitation Guide</b>	<b>\$8.95</b>	_____	<b>\$_____</b>
<b>PFH: First Aid Kit</b>	<b>\$9.95</b>	_____	<b>\$_____</b>
<b>PFH: Stories About...</b>	<b>\$8.95</b>	_____	<b>\$_____</b>
<b>PFH: Helping Each Other</b>	<b>\$7.95</b>	_____	<b>\$_____</b>
<b>PFH Series</b>	<b>\$18.95</b>	_____	<b>\$_____</b>
<b>Beyond Prescriptions</b>	<b>\$9.95</b>	_____	<b>\$_____</b>
<b>Is it Hot in Here?</b>	<b>\$6.95</b>	_____	<b>\$_____</b>
<b>Curriculum Guidebook</b>	<b>\$19.95</b>	_____	<b>\$_____</b>
<b>Circle of Health</b>	<b>\$26.75</b>	_____	<b>\$_____</b>
<b>SUBTOTAL</b>			<b>\$_____</b>
<b>SHIPPING &amp; HANDLING</b>			<b>\$_____</b>
(\$2.50 FOR THE 1 <sup>ST</sup> ITEM, \$1.50 FOR EACH ADDITIONAL)			
<b>TOTAL</b>			<b>\$_____</b>

PLEASE SHIP TO:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Please send me more information about Women's Network PEI programs and services.

Please print this form, enclose a cheque payable to **Women's Network PEI** and send to:

PO Box 233  
Charlottetown PE  
C1A 7K4