

National Office / Bureau national
1 Eglinton Ave. E., Suite 705, Toronto, ON M4P 3A1
Tel: 647.346.8723 / office@callacbd.ca

KF Modified Classification Order Form

Name of Library: _____

Address: _____

_____ city _____ province _____ postal code _____

Contact Person: _____ Mr. Ms.
Surname First name

Phone #: _____

Email: _____

- | | |
|--|-----------------|
| <input type="checkbox"/> New subscriber (Classification Schedule plus updates) | \$225 |
| <input type="checkbox"/> Guide to KF Modified Classification by Janet Moss | \$100 |
| <input type="checkbox"/> Subscription renewal (KF Modified quarterly updates) | \$100 |
| <input type="checkbox"/> New subscriber (Classification schedule, updates & guide) | \$300 |
| TOTAL | \$ _____ |
| Canadian residents add 13% HST (#122939793) | \$ _____ |
| TOTAL AMOUNT: | \$ _____ |

Please note if paying in US Dollars, the amount quoted above is payable in US Dollars.

PAYMENT: Cheque payable to: CALL Visa Mastercard Amex

_____ Credit Card number _____ Expiry date _____ Signature _____

Send to: **CALL National Office**
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