KF Modified Classification Order Form

Name of Library: ____________________________________________________________

Address: __________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

city province postal code

Contact Person: __________________________________________________________________
Surname __________________________ First name ____________  □ Mr.  □ Ms.

Phone #: _____________________________________________________________________

Email: _____________________________________________________________________

☐ New subscriber (Classification Schedule plus updates) $225

☐ Guide to KF Modified Classification by Janet Moss $100

☐ Subscription renewal (KF Modified quarterly updates) $100

☐ 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
1 Eglinton Ave. E., Suite 705
Toronto, ON M4P 3A1
Tel: 647.346.8723
office@callacbd.ca