

# ACCN SUBSCRIPTION ORDER FORM

## Customer information

Name \_\_\_\_\_ CIC membership/subscriber no. \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

Daytime tel. \_\_\_\_\_ E-mail address \_\_\_\_\_

**Subscription**  *New*  *Renewal* Amount \$ 150.00CDN  
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Order total \_\_\_\_\_

10% agency discount \_\_\_\_\_

Subtotal \_\_\_\_\_

Canadian orders add GST/HST \_\_\_\_\_

**Total enclosed \$** \_\_\_\_\_

\* A user ID and password will be issued and e-mailed to you.

## Shipping information *if different from customer information*

Name \_\_\_\_\_ CIC membership/subscriber no. \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

## Payment method *Orders will only be processed once payment in full has been received.*

Payment enclosed \$ \_\_\_\_\_  VISA  MasterCard  Amex

Card no. \_\_\_\_\_ Card Validation Digits (CVD)\* \_\_\_\_\_

Name on Card \_\_\_\_\_ Expiry date \_\_\_\_\_ / \_\_\_\_\_

Authorized signature \_\_\_\_\_

\* Three digit number on the back of a Visa or Mastercard or the four digit number on the front of an American Express card.

- Cheque/money order payable to *The Chemical Institute of Canada* enclosed with a copy of this order.
- Payment has been arranged by bank transfer.
- Please send an invoice to  customer mailing address above or  customer e-mail address above.

Fax to 613-232-5862 or mail to The Chemical Institute of Canada,  
 222 Queen Street, Suite 400, Ottawa, Ontario, Canada K1P 5V9