



# Baby SliceO Update Order

**PO Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Shipping Address:</b>	Your Name	_____
	Institution Name	_____
	Department	_____
	Address	_____
		_____
	Telephone	_____ Fax _____
	e-mail	_____

<b>Payment method:</b>	<input type="checkbox"/> Check	<input type="checkbox"/> Wire Transfer	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Paypal
	Billing Address (if different): _____			

<b>Product:</b>	<input type="checkbox"/> x Baby SliceO Updates Contract	(\$US 250.00 each)	_____
<b>Tax:</b>	GST tax (5%) (if buying from Canada) PST tax (9.5%) (if buying from Quebec)		
<b>TOTAL:</b>	_____		

\* All prices mentioned in this document are subject to change without notice.

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