

ORDER FORM



Maternity Services Consumer Council

Date: _____

Name: _____

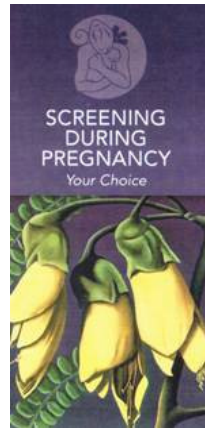
Organisation: _____

Address: _____

Phone: _____

Email: _____

Mailing List: YES / NO ELECTRONIC / MAIL [Circle]



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0-50 Free of charge 101-200 \$15.00 Bulk orders \$30.00+

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KOREAN		JAPANESE		BURMESE	
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SPANISH					

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Leaflet	Number Required	Leaflet	Number Required	Leaflet	Number Required
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 80 cents each for 21-50 (20% discount) 50 cents for 100+ (50% discount)

Leaflet	Number Required	Leaflet	Number Required	Leaflet	Number Required
CAESAREAN SECTION					

PLEASE SEND YOUR ORDER TO:

Maternity Services Consumer Council
 PO Box 99-283, Newmarket, Auckland 1149
 Phone / Fax 09.520.5314
 Email mssc@maternity.org.nz

AN INVOICE WILL BE ISSUED WITH YOUR ORDER
 Donations appreciated

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