

ORDER FORM



Maternity Services Consumer Council

Date: _____

Name: _____

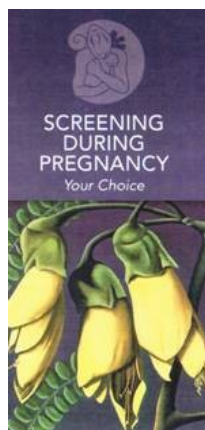
Organisation: _____

Address: _____

Phone: _____

Email: _____

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



POSTAGE, PACKAGING AND HANDLING

10-50 \$ 5.00 51-100 \$10.00 101-200 \$15.00 201+ \$20.00 Bulk orders \$30.00+

Please note we are a not-for-profit organisation who relies on grant funding to operate. Recovery of P&P costs are essential for us to be able to offer this service.

CHOICES FOR CHILBIRTH

Available at no charge (plus P&P)

Leaflet	Number Required	Leaflet	Number Required	Leaflet	Number Required
ENGLISH		TE REO MAORI		TONGAN	
SAMOAN		TRADITIONAL CHINESE		SIMPLIFIED CHINESE	
KOREAN		JAPANESE		BURMESE	
FARSI		SOMALI		ARABIC	
SPANISH					

YOUR CHOICE SERIES

Available at no charge (plus P&P)

Leaflet	Number Required	Leaflet	Number Required	Leaflet	Number Required
SCREENING DURING PREGNANCY		LABOUR & BIRTH		AFTER THE BIRTH	

THE FACTS SERIES

Available at a nominal charge (plus P&P)

\$1.00 each up to 20 60 cents for 51-100 (40% discount)
 80 cents each for 21—50 (20% discount) 50 cents for 100+ (50% discount) PCNZ Rate

Leaflet	Number Required	Leaflet	Number Required	Leaflet	Number Required
CAESAREAN SECTION		EPIDURALS DURING LABOUR			

PLEASE EMAIL/SEND YOUR ORDER TO:

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

AN INVOICE WILL BE ISSUED WITH YOUR ORDER

Donations appreciated

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