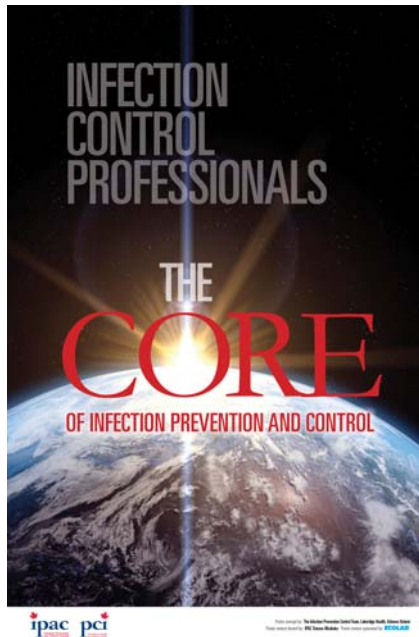


2016 INFECTION PREVENTION AND CONTROL WEEK THEME

Think Global Act Local

WINNER OF THE 2016 ECOLAB POSTER CONTEST



The winning poster, created by the Lakeridge Health Infection Control Team of Oshawa, Ontario is available for downloading and printing by IPAC Canada members from the IPAC Canada website (www.ipac-canada.org – Members Area page).

If you are interested in purchasing the 2016 poster in bulk, please complete the following order form and fax or email it to IPAC Canada no later than **August 15, 2016**. Orders processed after that date cannot be guaranteed to arrive in time for distribution prior to Infection Control Week (October 17-21 2016).

IPAC Canada
Fax: 1-204-895-9595
Telephone: 1-866-999-7111
info@ipac-canada.org
<http://www.ipac-canada.org>

IPAC CANADA
 2016 INFECTION CONTROL POSTER
 ORDER FORM
 DEADLINE DATE FOR ORDER: **August 15, 2016**

Poster 11"x17"	Order	Fee (before s&h and GST/HST)	Order	Fee (before s&h and GST/HST)	Order	Fee (before s&h and GST/HST)	Order	Fee (before s&h and GST/HST)	Order	Fee (before s&h and GST/HST)
1. Single sided/English only	A. 50	\$87.50	B. 100	\$150	C. 150	\$175	D. 200	\$200	E.. 500	\$375
2. Single sided/French only	A. 50	\$87.50	B. 100	\$150	C. 150	\$175	D.. 200	\$200	E.. 500	\$375
3. Double sided/English and French	A. 50	\$100.00	B. 100	\$200	C. 150	\$300	D.. 200	\$350	E. 500	\$650
All orders									Over 500	Call for quote

ORDER INFORMATION

Layout of posters (1, 2 or 3) _____

Number of posters (A, B, C, D or E) _____

Fee \$ _____

*Shipping & handling, add 15% \$ _____

GST/HST – NB/NL (add 13%), BC/AB/SK/MB//Territories (add 5%), ON (add 13%), QC (add 5%), NS (add 15%), PEI (add 14%)

BN118833201RT0001 \$ _____

TOTAL FEE ENCLOSED \$ _____

Posters sent to separate addresses will be charged shipping & handling and GST/HST on s&h separately. Posters less than 50 will not be mailed separately.

I AM PAYING BY

Cheque, payable to IPAC Canada VISA, MasterCard or AMEX

_____ Expiry _____

Credit Card Number _____

Name on Card _____

Signature of Cardholder _____

SHIP TO (Street address only – courier will not deliver to post office box number)

Name of Contact

Facility Name

Street address

City, Province, Postal Code

Telephone number of contact