

ORDER FORM

Internationally Educated Health Professionals: Medical Laboratory Technologist and Medical Radiation Technologist

Quantity	
Organization Name	
Street Address	
City, Prov, Postal Code	
Attention	
Department	
Phone	
Fax	
E-mail	
Date Ordered	
Delivery Option	<input type="checkbox"/> Canada Post (no charge) <input type="checkbox"/> Courier (will be billed to recipient)

There is no charge for this resource. Send completed order form to:

CON*NECT
c/o IEHP Resource
180 Dundas St W, Suite 504
Toronto, ON M5G 1Z8

Or fax to (416) 351-9631

<i>Internal use only</i>	
Date Sent _____	Courier Cost _____ (if applicable)