

Life's for Living Resource Order Form

DELIVERY ADDRESS

Name _____ Position _____
 Organisation _____
 Address _____ Postcode _____
 Telephone _____

Life's for Living Inc.

PO Box 55
 Edwardstown SA 5039
 Ph: (08) 8277 3300
 Fax: (08) 8277 3994
 Email: admin@lifesforliving.com.au

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|--|---|--|--|---------|
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| | Supporting the Standards <i>Launched at the International Inclusion Conference 2002</i> | This production is about providing information for support staff, that will encourage staff to provide the best possible support to the people they serve. | \$110.00 Video \$120.00 DVD | |
| | Setting the Standards <i>Released 2000</i> | The primary purpose of this production is for people with disabilities to understand the National Disability Standards. | \$110.00 Video \$120.00 DVD | |
| | What I'd like you to know about me! | A kit that assists agencies to capture the individuality of people with disabilities. | \$250.00 <small>Not for Profit</small> \$325.00 <small>For Others</small> | |
| | Package of both DVD's | | \$220.00 | |
| | Package of both videos | | \$200.00 | |
| | Additional video copies | | \$33.00 | |
| | Additional DVD copies | | \$44.00 | |
| | Video for people with disabilities or families | | \$33.00 | |
| | DVD for people with disabilities or families | | \$44.00 | |
| | Postage and Handling | | \$10.00 | \$10.00 |
| | | | Total | |

Tax Invoice/Receipt (no other receipt will be issued) ABN 43 242 247 657

Invoice Address (if different from delivery address)

Name: _____ Organisation: _____

Address: _____ Postcode: _____

Telephone: _____

I enclose a cheque/money order payable to: **Life's for Living Inc.** OR I authorise you to charge the total amount to my **VISA**

Credit card number: _____ Expiry Date: _____

Cardholder's Name: _____ Cardholder's signature: _____

(Please print)

Office Use Only Amount Received _____ Signed _____