

2010 *Let's* **GROW**... Order Form

Working together to keep Ontario's Children healthy.

	500	1,000	2,000	5,000	10,000	15,000	Qty. Ordered	Total
Issue 1 with 2 Inserts (newborn)	710.00	840.00	1100.00	1800.00	3000.00	3900.00		
English								
French								
Issue 2 with 1 Inserts (1-3 mths)	550.00	650.00	860.00	1500.00	2200.00	3100.00		
English								
French								
Issue 3 with 1 Inserts (4-6 mths)	550.00	650.00	860.00	1500.00	2200.00	3100.00		
English								
French								
Issue 4 with 1 Inserts (7-9 mths)	550.00	650.00	860.00	1500.00	2200.00	3100.00		
English								
French								
Issue 5 with 1 Inserts (10-12 mths)	550.00	650.00	860.00	1500.00	2200.00	3100.00		
English								
French								
Issue 6 with 1 Inserts (13-18 mths)	550.00	650.00	860.00	1500.00	2200.00	3100.00		
English								
French								
Issue 7 (1 1/2 - 2 yrs)	720.00	884.00	1170.00	1920.00	3177.00	4420.00		
English Only with 2 Inserts								
Issue 7 (1 1/2 - 2 yrs)	550.00	650.00	860.00	1500.00	2200.00	3100.00		
French Only with 1 Insert								
Issue 8 with 1 Inserts (2 - 2 1/2 yrs)	550.00	650.00	860.00	1500.00	2200.00	3100.00		
English								
French								
Issue 9 with 1 Inserts (2 1/2 - 3 yrs)	550.00	650.00	860.00	1500.00	2200.00	3100.00		
English								
French								
Issue 10 with 1 Inserts (3 - 3 1/2 yrs)	550.00	650.00	860.00	1500.00	2200.00	3100.00		
English								
French								
Issue 11 with 2 Inserts (3 1/2 - 4 1/2 yrs)	897.00	1044.00	1320.00	2350.00	3700.00	4750.00		
English								
French								
Issue 12 with 2 Inserts (4 1/2 - 5 1/2 yrs)	897.00	1044.00	1320.00	2350.00	3700.00	4750.00		
English								
French								
Imprinting of Local Contact Information - 1 colour only					120.00	each issue		
<i>(Please attach imprinting details to order form.)</i>					Set Up or Imprint Changes	30.00		
Collating (ONE Insert into Newsletter)	20.00	30.00	60.00	150.00	250.00	350.00		
Collating (TWO Inserts into Newsletter)	28.00	45.00	90.00	225.00	400.00	575.00		
<i>(Newsletters and Inserts are packaged separately.)</i>								
<i>Unless otherwise stated, all of the above materials are Generic. (Without Your Contact Information)</i>					TOTAL			

* Taxes Extra where applicable

	500	1,000	2,000	5,000	10,000	Qty. Ordered	Total (before tax*)	
Flyer <i>3-1/3" x 8-1/2" With Your Local Contact Information</i>	172.00	205.00	268.00	462.00	770.00			
Letterhead <i>8-1/2" x 11" Generic - Without Local Contact Information</i>	95.00	110.00	145.00	260.00	420.00			
English								
French								
Folder <i>9" x 12" Generic - Without Local Contact Information</i>	705.00	935.00	1425.00	2780.00	4650.00			
English								
<input type="checkbox"/> French <input type="checkbox"/> Bilingual								
Magnets <i>3-1/2" x 2" With Your Local Contact Information</i>	370.00	570.00	930.00	1930.00	3390.00			
English								
French								
Poster 11" x 17" <i>With Your Local Contact Information</i>								
English								
Offset Printed on Gloss	190.00	205.00	280.00	380.00				
Digital Copier on Matte	90.00	130.00	600.00					
French								
Offset Printed on Gloss	190.00	205.00	280.00	380.00				
Digital Copier on Matte	90.00	130.00	600.00					
						Qty. Ordered	Total (before tax*)	
Manual <i>Computer Disc Mailout Program and Instruction Manual</i>				12.00 each				
Planning a Pregnancy Flyer <i>Let's Grow... Tomorrow's Baby 3-3/4" x 8-1/2"</i> <i>Add Your Local Contact Information: 100.00 + 30.00 Set-up for logo scan and type</i>	425.00	550.00	800.00					
Prenatal Guide <i>Let's Grow... A Healthy Baby -</i> <i>64 page book, 8-1/2" x 11"</i> <i>Add \$300.00 for Local Contact Information only.</i> Body Content changes by estimate.	2600.00	3200.00	3700.00	5200.00	6325.00	7210.00		
				4,000	5,000	10,000		
				9300.00	10300.00	18625.00		
English								
<i>Unless otherwise stated, all of the above materials are Generic. (Without Your Contact Information)</i>								
PLEASE NOTE: Cost for Imprinting Information is for one standard colour only!								
FRENCH TRANSLATION MUST BE SUPPLIED BY THE ORDERING ORGANIZATION.								
TOTAL								

* Taxes Extra where applicable

ORDER FORM

Name: _____

Organization: _____

Mailing Address: _____ City: _____

Postal Code: _____ Phone No.: _____ Fax: _____ email: _____

Shipping and handling costs are the responsibility of the ordering organization. Please indicate courier type & number:

Please forward this Order Form to:



c/o Grey Bruce Health Unit

101 17th Street East, Owen Sound, ON N4K 0A5

Phone: (519) 376-9420 Extension: 1277 • Fax: (519) 371-8965

Attention: Lorie McCall, Accounts Payable & Purchasing Clerk

PLEASE NOTE

Orders will be placed monthly.
Please send or fax orders on or before
the last working day of the month.

THANK YOU

Allow 6 - 8 weeks for printing of
materials, shipping and handling
from the last working day of
the month order was sent.

FOR ADMINISTRATIVE USE ONLY

P.O.# _____

DATE RECEIVED _____

INVOICE ISSUED _____