



CROSS-CULTURAL RESOURCE ORDER FORM

To: Asian Health Support Service
Fax: 4868347

Date: _____

First Name: _____ Surname: _____
Occupation: _____
Workplace: WDHB CMDHB ADHB Other organizations (please specify) _____
Postal Address: _____
Work Phone: _____ Mobile: _____ Fax: _____
Email: _____

I would like to order the following item(s):

ITEM CODE	SHORT DESCRIPTION	Unit (each)	Unit Price Excl GST	Amount Unit x Unit Price
CCR1	iCare™ Cross-Cultural Resource Kit The kit includes a Booklet and a CD-Rom © Waitemata DHB and RAS NZ		NZ\$90.00 + GST	NZ\$
CCR2	CD ROM: Cross-Cultural Resource for interpreters and health practitioners working together in mental health (Part 1): © NDSA		NZ\$15.00 + GST	NZ\$
			Sub-total	NZ\$
			Shipping / Handling (\$12 for each Booklet) (\$8 for CD only)	NZ\$
			GST: (15% x Sub-total)	NZ\$
			Total Amount	NZ\$

Payment Options:

Paying by cheque

Please make cheque payable to "Three Harbours Health Foundation" and post Order Form with a cheque to:

Elena Wong/Sue Lim
Asian Health Support Services
Waitemata DHB
Private Bag 93503
Takapuna
North Shore
Auckland

Paying by Credit Card to iCare Account

Please complete Card Authorisation Form attached

CROSS-CULTURAL RESOURCE ORDER FORM

CREDIT CARD AUTHORIZATION FORM

Date : _____
Attention to : Elena Wong – Asian Health Support Service (WDHB)
Telephone number : 00 – 64 – 9 – 4868314
Fax number : 00 – 64 – 9 – 4868347
Email : elena.wong@waitematadhb.govt.nz
From : _____
Telephone number : _____
Fax number : _____

Payment for : (CCR1) : _____
(CCR2) : _____

Total Amount : NZD _____

Credit Card Type : VISA/MASTER/DINERS

Credit Card Number :

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- Please indicates VISA / MASTER/ DINERS Security No. (Last three (3) digit no. at the back of the card)
- Please indicates AMEX I/D No. (top right hand corner)

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Card Expiry date : _____

Card member's full name : _____

Member's signature : _____

Authorization Code : ~ FOR OFFICE USE ONLY ~
