



## Order Form BROCHURE

**Please send the following number of Aboriginal specific brochures to:**

Brochure name: \_\_\_\_\_

Attention to: \_\_\_\_\_

CLS Commission #: \_\_\_\_\_

Company or Organization: \_\_\_\_\_

Address : \_\_\_\_\_

Municipality : \_\_\_\_\_ Prov. /Terr.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel. : \_\_\_\_\_

Email : \_\_\_\_\_

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Date of order: \_\_\_\_\_

- Five (5) brochures
- Ten (10) brochures
- Twenty (20) brochures

**Note: Please allow two weeks for delivery.**