

# SHQ Relate Order Form

Please use this form to order copies of the Relate Health Education program.  
Please indicate below if you would like to order individual year levels or the complete package.

PLU	Title	QTY	Cost	Total
L081	Single manual - Year 8		\$159.50	
L081	Single manual - Year 9		\$159.50	
L081	Single manual - Year 10		\$159.50	
L082	Single manual + electronic copy - Year 8		\$198.00	
L082	Single manual + electronic copy - Year 9		\$198.00	
L082	Single manual + electronic copy - Year 10		\$198.00	
L083	Complete 3 manual set + electronic copies		\$495.00	

Order Comments:

Postage\*

Total

**Please note, standard postage costs do not provide protection for loss or damage of your items by Australia Post.**

We strongly recommend Extra Cover (available as an optional extra) which offers cover for the value of your items if they are lost or damaged.

If Extra Cover is not requested, the buyer assumes all responsibility for items lost or damaged in transit.

To request Extra Cover or Express Post please email the Resource Centre.

\*Due to the variations in size and weight of our products, and price increases from Australia Post, flat rate shipping is not available. Signature on delivery is now required for all orders.

Please email [resources@shq.org.au](mailto:resources@shq.org.au) for a postage quote.

## Collection/delivery information

To save on postage costs, metropolitan organisations are encouraged to collect their order.

I am able to collect these resources from SHQ. SHQ staff will contact me when my order is ready for collection.

I am unable to collect these resources from SHQ. Please post my order to the address below. I understand I may be charged for postage.

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

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

Post Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Payment

Credit invoice (Organisations only)

Credit card

Pick up (Cash/Card)

Please send all orders to [resources@shq.org.au](mailto:resources@shq.org.au) | Fax 08 9227 6871 | 70 Roe Street, Northbridge WA 6003

## Credit card details

Please Circle: VISA | MASTERCARD

Card Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Exp Date: \_\_ / \_\_

Name On Card: \_\_\_\_\_



All prices include GST  
No exchange or return except on faulty goods  
This form becomes a tax invoice upon payment  
ABN 15 275 099 026

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