



Eat Well Tasmania 2012 Fresh Produce Calendar

Order Form



Please complete and return this form to Eat Well Tasmania Inc:

P: GPO Box 1365 Hobart TAS 7001 F: (03) 6223 1244 E: eat@eatwelltas.org.au ABN: 19 568 350 564

Name:

Organisation (if applicable):

Mailing Address:

State: Postcode:

Telephone: Email:

- | | | | |
|--------------------------|---|------|---------------|
| <input type="checkbox"/> | Eat Well Tasmania Member | \$10 | Number: _____ |
| <input type="checkbox"/> | Early Bird Non-Member (ordered before 15 th December 2011) | \$15 | Number: _____ |
| <input type="checkbox"/> | Non-Member | \$17 | Number: _____ |

+ Postage (first copy free, additional copies \$1 per copy): _____

Total: \$ _____

Payment options: (please tick)

- I have enclosed a cheque or money order for payment
- I have deposited payment electronically into the following account:
(please ensure your full name is included in the reference field so we can confirm your payment)

Eat Well Tasmania Inc
BSB: 037001
Acc: 473204

enjoy healthy eating, support local produce