Order Form

Program Evaluation Tool Kit

a blueprint for public health management

☐ Public health unit / health authority

☐ Academic institution

☐ Long term care / community care access centre

| Name: | I would like to order copy(ies) at a cost of \$30.00 each. |
|--|--|
| Title: | For orders outside of Canada, please add \$10 shipping and handling (total \$40 Canadian). |
| Organization: | VISA, MASTERCARD & AMEX ARE NOT ACCEPTED |
| | Please make cheque payable to: |
| Address: | City of Ottawa [Prepayment is required.] |
| City: | Please send cheque and order form to: Program Evaluation Tool Kit Orders |
| Province: | Community Medicine & Epidemiology Unit |
| Postal code: | Public Health and Long Term Care Branch People Services |
| Country: | City of Ottawa, 2nd Floor West, 495 Richmond Road |
| Tel. number: | Ottawa, ON K2A 4A4 Canada |
| Fax number: | Tel. number: (613) 580-2424 x23677 Fax number: (613) 724-4152 |
| E-mail address: | E-mail: toolkit@city.ottawa.on.ca |
| Web page: | |
| Please describe your organization (check all that apply) | |
| ☐ Community-based organization | ☐ Provincial government |
| ☐ Local government | ☐ Federal government |

☐ International organization

☐ Other (please specify)

☐ Consulting firm