



# sliceOmatic Order Form

**PO Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Shipping Address:</b>	Your Name	_____
	Institution Name	_____
	Department	_____
	Address	_____
		_____
	Telephone	_____ Fax _____
	e-mail	_____

<b>Payment method:</b>	<input type="checkbox"/> Bill us	<input type="checkbox"/> Payment is inclosed
	Billing Address (if different): _____	

<b>Product:</b>	<input type="checkbox"/> sliceOmatic	(\$us 4,000.00)	_____
<b>Discount:</b>	Educational Discount (10%)		- _____
	Large Quantity Discount (10%) (second copy and up)		- _____
<b>Shipping:</b>	FedEx	USA/Canada: \$us 50.00	_____
		Other: \$us 70.00	_____
<b>Tax:</b>	GST tax (5%) (if buying from Canada)		
	PST tax (9.5%) (if buying from Quebec)		
<b>TOTAL:</b>			_____

\* All prices mentioned in this document are subject to change without notice.

**Tomovision** 3280 ch. Milletta, Magog Qc, Canada, J1X 0R4,  
Toll-Free Tel&Fax: 877-522-3559 (US and Canada only)  
Tel: (819) 843-1999 Fax: (819) 843-1999, sales@tomovision.com