



# 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%)		- _____
<b>Shipping:</b>	<input type="checkbox"/> Standard Mail	No charges	
	<input type="checkbox"/> FedEx	USA/Canada: \$us 30.00	Other: \$us 50.00
<b>Tax:</b>	GST tax (5%) (if buying from Canada)		
	PST tax (7.5%) (if buying from Quebec)		
<b>TOTAL:</b>	_____		

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

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