



sliceOmatic Update Order

PO Number: _____ **Date:** _____

Shipping Address:	Your Name _____
	Institution Name _____
	Department _____
	Address _____

Telephone _____	Fax _____
e-mail _____	_____

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

Product:	<input type="checkbox"/> x sliceOmatic Updates Contract	(\$US 500.00 each)	_____
Tax:	GST tax (5%) (if buying from Canada)		
	PST tax (7.5%) (if buying from Quebec)		
TOTAL:	_____		

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

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