

Rocky Mountain Play Therapy Institute
Play Therapy Store Order Form

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Please consult the list below for items and prices and fill out the form on the next page to order.*

The Play Therapy Dimensions Model: A Decision-Making Guide for Therapists:
currently unavailable

Play Therapy Dimensions Model Instructional DVD: **currently unavailable**

Reusable Play Therapy Dimensions Diagram: \$8.00 CAN/US

Comprehensive Child-Focused Treatment Planning Workbook: \$25.00 CAN/US

RMPTI travel mug: \$10.00 CAN/US

I'm So Mad I Could Throw Carrots At The Wall children's book: \$10.00 CAN/US

What would you do if? Game \$39.99 CAN/US

Please mail order form (page 2) and payment to:

Rocky Mountain Play Therapy Institute
1318 - 15th Ave. SW
Calgary, AB
Canada T3C0X7

Rocky Mountain Play Therapy Institute

Play Therapy Store Order Form

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|-------------------|-----------|----------|
| Name: | | |
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| | |
|--|---|
| <i>The Play Therapy Dimensions Model: A Decision-Making Guide for Therapists</i> | |
| currently unavailable | |
| Play Therapy Dimensions Model Instructional DVD | |
| currently unavailable | |
| Reusable Play Therapy Dimensions Diagram | |
| Quantity: _____ diagrams x \$8.00 CAN/US | |
| <i>Comprehensive Child-Focused Treatment Planning Workbook</i> | |
| Quantity: _____ workbook x \$25.00 CAN/US | |
| RMPTI travel mug | |
| Quantity: _____ mug x \$10.00 CAN/US | |
| I'm So Mad I Could Throw Carrots At The Wall children's book: | |
| Quantity: _____ book x \$10.00 CAN/US | |
| <i>What would you do if? Game</i> | |
| Quantity: _____ game x \$39.99 CAN/US | |
| subtotal | |
| Canadian residents add GST (Goods and Services Tax): 5 % of subtotal | + |
| Shipping: add 15 % of subtotal | + |
| Total | |

Payment Methods: We accept Visa or Mastercard as well as money orders or personal/company cheques.
Some orders with cheques may be held for 7 to 10 business days or until the bank has cleared the funds

Please indicate method of payment:

Cheque enclosed, payable to Rocky Mountain Play Therapy Institute

Authorized government of institution purchase order - PO# _____

Visa Mastercard

Credit Card number: _____

Expiration date: _____

Name on credit card: _____

Signature: _____