

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: \$40.00 CAN/US

Play Therapy Dimensions Model Instructional DVD: \$25.00 CAN/US

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

Name:		
Organization:		
Shipping Address:		
City:	Province:	Country:
Postal Codes/Zip:		
Phone:	e-mail:	

<i>The Play Therapy Dimensions Model: A Decision-Making Guide for Therapists</i>	
Quantity: _____ books x \$40.00 CAN/US	
Play Therapy Dimensions Model Instructional DVD	
Quantity: _____ dvds x \$25.00 CAN/US	
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: _____