



CD ORDER FORM

Student Name: _____

CPCA Venue/Group: _____

Address for Mailing: _____

Post Code _____

No of Copies Required _____ @ \$22.00 = \$ _____

Postage / Handling per CD _____ @ \$ 3.00 = \$ _____

TOTAL \$ _____

Payment Details

VISA Mastercard Cheque Money Order

Name on Card / Cheque _____

Exp. Date /

Cardholder's Signature

Date