

# Safework Promotional Order

## SAVE MORE THAN 40%!

**Safework is sold as a subscription-based service.** The Safework license is good for one year from date of purchase. A single license is applicable to a single workplace location (i.e. one business location). All Safework material is copyrighted by the Ontario Service Safety Alliance (OSSA) and may not be sold, reproduced or altered without express OSSA permission. User accounts will be activated upon receipt of payment.

All prices are in Canadian \$ and do not include taxes.

**ORDER TODAY!**

Call  
**1-888-478-6772**

or

Fax your  
Order to  
**(905) 614-3040**

### Safework License Pricing

<input checked="" type="checkbox"/> Single Location	License Price (\$)	Quantity	Total (\$)
<input type="checkbox"/> <b>1 Year Safework Subscription License</b> Product Code: 100-014-001-L-GE	<b>\$199.00**</b> Regularly priced <b>\$349.00</b>		
<input type="checkbox"/> <b>Safework Subscription Renewal (1 year)*</b> Product Code: Pending	<b>\$149.00</b>		

\* Please note: Subscription renewal does not include Occupational Starter Kit  
\*\*SPECIAL PROMOTIONAL PRICING – Valid on orders placed between November 15<sup>th</sup>, 2009 and December 18<sup>th</sup>, 2009. Pricing is per single subscription.

#### Terms & Conditions:

- > Prices may be subject to change without notice
- > Charges may vary for orders outside of Ontario
- > Delivery of Starter Kit is via Purolator Courier
- > All orders must be pre-paid
- > Products sold in digital or online formats are non-refundable

#### Payment:

Payment may be paid via credit card or cheque. If paying via cheque, please call for total.

Pricing does not include taxes or Shipping & Handling

OSSA GST # 878163948RT0001

#### Who Are We?

We are the Ontario Service Safety Alliance (OSSA) the designated Safe Workplace Association for the Service Sector in Ontario.



OSSA 5110 Creebank Rd., Ste. 500 Mississauga, ON L4W 0A1  
www.ossa.com 888-478-6772

Contact Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

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Credit Card  Visa  Amex  MC

GST (5%) \_\_\_\_\_ Credit Card # \_\_\_\_\_ Expiry date \_\_\_\_\_

Total Billed \_\_\_\_\_ CSC # \_\_\_\_\_ Name of cardholder (print) \_\_\_\_\_

Signature of cardholder \_\_\_\_\_ Date \_\_\_\_\_