



Code of Practice for the Management of Clinical and Related Wastes

6th Edition – Revised 2010

Produced by the
Biohazard Waste Industry Australia and New Zealand
a Division of the Waste Management Association of Australia (WMAA)

ABN 78 071 897 848

ORDER FORM

PRICE – includes GST

Pick Up (from Burwood office): **\$10.00** each **Delivery**: **\$15.00** each **Electronic**: **\$10.00** each

CHEQUE PAYMENT – Payment must accompany this order form.

Cheque payable to **Waste Management Association of Australia**

Please send cheque together with order form to:

Waste Management Association of Australia – Suite 4D, 5 Belmore Street, BURWOOD NSW 2134

CREDIT CARD PAYMENT – Complete the following and return by fax or email (details below).

Visa Mastercard AMEX Diners Expiry Date: _____ / _____ CCV: _____

Card No.

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Name on Card (Please print): _____

Cardholder's Signature: _____

TAX INVOICE WILL BE FORWARDED WITH GOODS

Pick Up: **Quantity** _____ **\$10.00 each** **Total \$** _____

Delivery: **Quantity** _____ **\$15.00 each** **Total \$** _____

Electronic: **Quantity** _____ **\$10.00 each** **Total \$** _____

Name: _____

Company: _____

Postal Address: _____

Contact Phone No: _____

Email Address: _____

Completion of all the above details ensures you will be kept up to date with future code revisions and addendums.