



## **The Tim Hamilton Story Video**

Please fill in the following information to receive your complimentary new worker safety video / DVD. Please note only one video / DVD per order form.

### **Teacher / Individual Information**

First Name:

Last Name:

Day Phone:

Email:

### **School Information**

School Name:

Phone:

Street Address:

City:

Province:

Postal Code:

### **Preference**

Video

DVD

**Fax Request to : 403-514-1657 or**