

## Library Bookshop Price List & Order Form

BOOKS		Price	P&H	QTY	Total
And Down Went Poss	(Anne Little) (large print)	16.00	5.00		
And Down Went Poss	(Anne Little) (small size edition)	16.00	3.00		
Coping with Epilepsy	(Fiona Marshall)	15.00	5.00		
Epilepsy: Patient and Family Guide 3 <sup>rd</sup> ed.	(Orrin Devinsky)	23.00	8.00		
Epilepsy and Pregnancy	(Stacey Chillemi)	20.00	5.00		
Epilepsy in the Family	(Suzanne Yanko)	25.00	3.00		
Epilepsy within Indigenous Australia		4.00	2.50		
Fly Danny Fly	(Chip Gilbertson)	18.00	5.00		
Ketogenic Diets 5 <sup>th</sup> ed.	(Erid Kossoff, John Freeman & et. al.)	26.00	8.00		
The Lion's Secret	(K Dicketts)	10.00	3.00		
Mommy I Feel Funny	Danielle M Rocheford	13.00	3.00		
My Doctor says I have Epilepsy	(C R Yamula)	12.00	3.00		
Poss's Schooldays		16.00	3.00		
Seizures & Epilepsy in Childhood 3 <sup>rd</sup> ed.	(J. Freeman et. al.)	25.00	5.00		
Social Epileptology: Understanding Social Aspects of Epilepsy	(J Pinikahana & C Walker)	80.00	12.00		
Taking Seizure Disorders to School 2 <sup>nd</sup> ed.	(Kim Gosselin)	18.00	3.00		
			<b>Sub TOTAL \$</b>		

DVDs or VIDEOS	Please specify format				
	Format	Cost	P&H	QTY	Total
Epilepsy: Help by Understanding (First aid)		20.00	5.00		
Epilepsy: Yes! You Can Help (First aid)	DVD	20.00	5.00		
Speaking From Experience / The Many Faces of Epilepsy		27.00	5.00		
Speaking From Experience / Epilepsy in Childhood		27.00	5.00		
Speaking From Experience / Surgery		27.00	5.00		
			<b>Sub TOTAL \$</b>		
			<b>TOTAL \$</b>		

## Library Bookshop Payment Form

To order any of these items, please send this order form with your payment to:

The Librarian  
Epilepsy Foundation of Victoria  
818 Burke Road  
Camberwell VIC 3124

Name	Position
Organisation	
Address	Postcode
Phone/Mobile	Email
Payment Amount	
Paid by Cheque <input type="checkbox"/> Money order <input type="checkbox"/> Cash <input type="checkbox"/>	
Direct Debit (EFT) <input type="checkbox"/> Please include your PAYMENT REFERENCE in the transaction details and email Jason Rajit <a href="mailto:jrajit@epilepsy.asn.au">jrajit@epilepsy.asn.au</a> to confirm payment	
Westpac Bank Account: Epilepsy Foundation of Victoria	
BSB: 033039 Account Number: 000228	
Credit Card: VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Bankcard <input type="checkbox"/> Diners <input type="checkbox"/>	
Card No.            /            /            /	EXPIRY DATE
Name On Card	SIGNATURE

**OFFICE USE ONLY:**

Please attach any documents or money and forward to finance for processing ASAP.

DATE

STAFF MEMBER