

ASTHMA CANTERBURY - Allergy Bedding Order Form

Effective 1 October 2010

Premium - Polyester/cotton fabric:	Size (cm)	Qty	Member	Non Member
Pillow covers:				
Standard	70 x 45	_____	38.00	45.00
Tri-Pillow		_____	45.00	50.00
Mattress Protectors:				
Standard Cot	120 x 60 x 12	_____	125.00	135.00
American Cot	132 x 76 x 15	_____	140.00	155.00
Single mattress cover	190 x 92 x 18	_____	170.00	190.00
King Single cover	203 x 106 x 18	_____	185.00	205.00
Double cover	190 x 138 x 22	_____	196.00	220.00
Queen cover	203 x 152 x 22	_____	235.00	260.00
King cover	203 x 168 x 22	_____	270.00	300.00
Single Mattress Travel Cover	(single fitted sheet)	_____	90.00	100.00
Flat Travel Sheet	270 x 160	_____	90.00	100.00
Duvet Covers:				
Single cover	206 x 142	_____	170.00	190.00
King Single Cover	206 x 180	_____	185.00	205.00
Double cover	206 x 189	_____	196.00	220.00
Queen cover	206 x 206	_____	235.00	260.00
King cover	210 x 240	_____	270.00	300.00

Cotton fabric:	Size (cm)	Qty	Member	Non Member
Pillow covers:				
Standard	70 x 45	_____	30.00	35.00
Tri-pillow		_____	35.00	40.00
Mattress Protectors:				
Standard Cot	120 x 60 x 12	_____	100.00	110.00
American Cot	132 x 76 x 15	_____	115.00	130.00
Single cover	190 x 92 x 18	_____	138.00	155.00
King single cover	203 x 106 x 18	_____	156.00	175.00
Double cover	190 x 138 x 22	_____	170.00	190.00
Queen cover	203 x 152 x 22	_____	200.00	225.00
King cover	203 x 168 x 22	_____	240.00	265.00
Single Mattress Travel Cover	(single fitted sheet)	_____	76.00	85.00
Flat Travel Sheet	270 x 160	_____	76.00	85.00
Duvet Protectors:				
Single cover	206 x 142	_____	138.00	155.00
King single cover	206 x 180	_____	156.00	175.00
Double cover	206 x 189	_____	170.00	190.00
Queen cover	206 x 206	_____	200.00	225.00
King cover	210 x 240	_____	240.00	265.00

Pillows

Allerprotect Allergen barrier pillow	standard	_____	60.00	68.00
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Please send payment (cheque) with order to:
Asthma Canterbury, PO Box 13091
Christchurch 8141
or pay by direct credit to 03 0802 0100118-00

Sub Total	_____	
Membership \$20 (Optional)	_____	
TOTAL	_____	

Name _____ Phone: _____
 Address _____

Office use only: Order placed/filed Acknowledged Membership updated