

FORM B(R1): PRICES
 (SeeB9)

PROVISION OF MASSAGE THERAPY SERVICES

UNIT PRICES

ITEM NO.	DESCRIPTION	SPEC. REF.	UNIT	APPROX. QUANTITY	UNIT PRICE	AMOUNT
1.	Massage therapy	E2.1	Hours	600		
2.	Assessment	E2.2	each	10		
3.	Myofascial treatment	E2.3	each	10		
4.	Trigger point treatments	E2.4	each	10		
5.	Lymphatic drainage treatment	E2.5	each	10		

BID PRICE (GST and PST extra) (in figures) \$ _____

(in words) _____

 Name of Bidder