

Fax/Postal Order Form

Publication Title	QTY	Price	Postage*	Total
TOTAL				

*Postage Charges from Europe Only. Other countries please enquire

PAYMENT

Payment must be received before order is dispatched, a Pro-Forma Invoice is available on request.

.....Payment Enclosed (in post) **Euro**.....

.....Please forward a Pro-Forma Invoice

METHOD OF PAYMENT

.....Cheque - Cheques must be **Euro** Sterling drawn on a UK Bank, free of all charges

.....Credit Card I authorise you to debit my Credit Card:
 Visa/Mastercard/American Express/Eurocard

Card Number:.....

Date of expiry:/.....

Signature:.....

YOUR DETAILS

Name..... EPMA Member: Yes/No

Company/Organisation.....

Address.....

.....

.....

Tel No..... Fax Number.....

VAT No..... Signature:.....

EPMA:

**2nd Floor, Talbot House,
 Market Street,
 Shrewsbury SY1 1LG
 United Kingdom**

FAX: +44 (0) 1743 36 29 68

If you have any problems our phone number is

TEL: +44 (0) 1743 24 88 99