



BOOKING FORM 2016/2017

COMPANY FULL NAME TEL NUMBER.....

..... FAX NUMBER.....

..... ORDER NUMBER.....

INVOICE ADDRESS.....

.....

AUTHORISING CONTACT PERSON.....

CAPACITY

EMAIL ADDRESS

ADVERTISING BOOKING SPACE

DPS FULL PAGE HALF PAGE THIRD PAGE

QUARTER PAGE SMALLS

DECEMBER MARCH JUNE SEPTEMBER

TOTAL DUE

Only digital material will be accepted for advertising. Where incomplete material is supplied, production costs will be charged. For more details please consult the ratecard.

PLEASE COMPLETE

ORDER NUMBER.....

COMPANY REGISTRATION NUMBER.....

COMPANY VAT NUMBER.....

ACCOUNT CONTACT PERSON.....

TEL NUMBER.....EMAIL.....

SIGNEDDATE.....

all accounts are strictly 30 days