## PERUSAL REQUEST FORM

## **INFORMATION ABOUT YOUR SCHOOL/SOCIETY**

Name of School/Society:			ABN/IRN:	
Address:		_Suburb:	State:	_ Postcode:
Contact Nam	ne:			
Phone Number(s): Home: ( ) Work: (			Work: ( )	
E-mail Addres	ss:			
PERUSALS REG	QUIRED (Limit 3 packs per custo	omer)		
	Title	(Full Leng	<b>Version</b> gth, Junior, Kids, other)	Reference Recording CD (Y/N)
Perusal (1)				
Perusal (2)				
Perusal (3)				
	NG BOOKING & HANDLING FEI		•	,

The aforementioned material MUST be returned within 4 weeks of the dispatch date. A late fee of \$11.00 (incl. GST) per perusal pack, will apply for each additional week.

Initial payment can be made by cheque, EFT or Credit Card (Visa/ MasterCard). An invoice will be emailed to the email address provided on this form.

ABN: 13 085 333 713