

MEDPHARM PUBLICATIONS SUBSCRIPTION FORM

SA PHARMACEUTICAL JOURNAL *incorporating*
PHARMACY MANAGEMENT



PO Box 14804
LYTTTELTON, 0157

TEL: (012) 664 7460

FAX: (012) 664 6276

CELL: 072 233 6603

E-MAIL: caryl@medpharm.co.za
www.medpharm.co.za

2009 TARIFFS (INCLUDING VAT)

ANNUAL ISSUES	PRICE PER ISSUE	TOTAL
10	R31.00	R310.00

PLEASE COMPLETE THE FOLLOWING

NAME

POSTAL ADDRESS

.....

..... POSTAL CODE

TELEPHONE (.....)

FAX (.....)

ACCOUNT DETAILS

CHEQUE NUMBER DEBIT MY VISA/MASTERCARD Y N

YOUR BANK CARD NUMBER

BRANCH NUMBER EXPIRY DATE

POSTAL ORDER CVC NUMBER (LAST 3 DIGITS ON REVERSE SIDE)

**NB: CHEQUES TO BE ISSUED TO
MEDPHARM PUBLICATIONS**

SIGNATURE

For direct deposits the following bank details apply:

PHARMACEUTICAL SOCIETY OF SA
STANDARD BANK ARCADIA
CHEQUE ACCOUNT NUMBER 013 045 148
BRANCH NO 01 08 45

Please fax a copy of this document and proof of payment to (012) 301 0828