

MEDPHARM PUBLICATIONS SUBSCRIPTION FORM

2 per annum

Wound Healing

Southern Africa



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2009 TARIFFS (INCLUDING VAT)

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2 - SOUTH AFRICA	R 120.00	R 240.00

PLEASE COMPLETE THE FOLLOWING

NAME

POSTAL ADDRESS

..... POSTAL CODE

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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
SASA**

SIGNATURE

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**MEDPHARM PUBLICATIONS PTY (LTD)
ABSA LYTTELTON
CHEQUE ACCOUNT NUMBER 4053 47 6327
BRANCH NO 33 50 45**

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