

Photographer's Copy

PHOTO FORM

E- MAIL ADDRESS : _____

PHOTO MAILING ADDRESS (USE BLOCK LETTER)PLS FILL UP ALL YOUR DETAILS

NAME I
STATE COUNTRY TELEPHONE(OFF) (HSE) (HP) (
UNIVERSITY NAME: NOTTINGHAM UNIVERSITY COURSE/MAJOR: CEREMONY DATE : 16/8/2014 PACKAGE: A B C TOTAL PAYMENT:
University Name : NOTTINGHAM_UNIVERSITY Ceremony Date : 16/8/2014
WE ACKNOWLEDGE RECEIPT OF YOUR TOTAL PAYMENT OF FOR THE AMOUNT OF Package: A B C Ref: ~ Your photograph order will be despatched to you 4-6 weeks from date of ceremony. BUSINESS HOURS: ⇒ 10.00 A.M. TO 6.00P.M. ~ Weekdays ; 10.00 A.M. TO 3.00 P.M. ~ Saturday ⇒CLOSED ON SUNDAY & PUBLIC HOLIDAYS BUSINESS HOUR : BUSINESS HOUR : BUSINESS HOUR : BUSINESS HOUR :