

Photographer's Copy

## PHOTO FORM

E- MAIL ADDRESS : \_\_\_\_\_

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

NAME I
STATE REF:for office use only COUNTRY TELEPHONE(OFF)
(HSE) (H/P COURSE/MAJOR: 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 :