

CEREMONY 1

## Photographer's Copy

## **PHOTO FORM**

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E- MAIL ADDRESS :			
PHOTO MAILING ADDRE	SS ( USE BLOCK LETTER )PLS	FILL UP ALL YO	OUR DETAILS
NAME			
ADDRESS			
<del></del>		<del>_</del>	
CITY		P.CODE	
STATE			REF:for office use only
COUNTRY			
TELEPHONE(OFF)			
(HSE)	<del>111111111</del>		
( H/P			
UNIVERSITY NAME:_	NOTTINGHAM UNIVERSITY	COURS	E/MAJOR:
CEREMONY DATE :	14/02/2015		
		ACKAGE.	A B C
TOTAL PAYMENT:		ACMAGE,	A D O
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10 or constitution in the state of the state			
Ede Ruvenscroft			
University Name : NOTTI	NGHAM _UNIVERSITY	Ceremony Dat	te: <u>14/2/2015</u>
WE ACKNOWLEDGE RECE	IPT OF YOUR TOTAL PAYMENT (	)F	FOR THE AMOUNT
OF		C	Ref:
	atched 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	l. ~ Saturday ⇒CLOSEI	D ON SUNDAY & PUBLIC HOLIDAYS
BUSINESS HOUR :			