



Photographer's Copy

PHOTO FORM

E- MAIL ADDRESS : _____

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

NAME ADDRESS CITY CITY STATE CUNTRY TELEPHONE(OFF) (HSE) (HSE) (HP COUNTRY
TOTAL PAYMENT:
University Name : NOTTINGHAM_UNIVERSITY Ceremony Date : 14/2/2015 WE ACKNOWLEDGE RECEIPT OF YOUR TOTAL PAYMENT OF FOR THE AMOUNT
OF Package: A B C ~ 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 :