

## AMWRRO ORDER FORM

| Shipping Address            |          | Date       | of order: | / | / |
|-----------------------------|----------|------------|-----------|---|---|
| Company:                    |          |            |           |   |   |
| First name:                 | Surname: |            |           |   |   |
| Address:                    |          |            |           |   |   |
| State:                      |          | Post Code: |           |   |   |
| Country                     |          |            |           |   |   |
| Postal Address if different |          |            |           |   |   |
|                             |          | Post Code: |           |   |   |
|                             |          |            |           |   |   |

| Quantity   | Product Amount per item |   | Amount total |  |
|--|-------------------------|---|--------------|--|
|  | AMWRRO 2016 Calendar    | 6 Calendar \$20.00ea + postage and handling (see below) |              |  |
|  |                         |   |              |  |
|  |                         |   |              |  |
|  |                         |   |              |  |
|  |                         |   |              |  |
|  |                         |   |              |  |
|  |                         |   |              |  |
|  |                         |   |              |  |
|  |                         |   |              |  |
|  |                         |   |              |  |
| Subtotal:  |                         | \$  |              |  |
|  |                         | Postage & Handling \$7.95 per item (SA metro only)      | \$           |  |
| Please contact AMWRRO for Postage & Handling costs to all locations outside SA metro |                         | \$  |              |  |
|  | Grand Total:            |   | \$           |  |

| Payment options: Credit Card - Cheque - EFT |   |              |  |  |   |          |  |
|---|---|--------------|--|--|---|----------|--|
| CHEQUES                                     | Please make cheques payable to AMWRRO   |              |  |  |   |          |  |
| EFT   | Please provide EFT Details/receipt with this order form and use your name as your reference |              |  |  |   |          |  |
| CREDIT CARD                                 | Visa / Mastercard Only.   | Card number: |  |  |   |          |  |
| Expiry date: /                              | Name on the card:   |              |  |  | T | otal: \$ |  |

Send completed order forms to: PO Box 2390, Port Adelaide SA 5015 Scan and email order forms to <a href="mailto:info@amwrro.org.au">info@amwrro.org.au</a>