

The Centre for Food & Health Studies Product Order Form

Billing & Delivery Address		Delivery (if different from billing)	
Name		Fax	
Company		Phone	
Address PLEASE USE C/CARD REGISTERED ADDRESS		*Email(Billing)	
		*Email(delivery) <i>if different</i>	
European Union Customers Please submit your VAT number			

IMPORTANT






*Please supply an email address that can accept at least 2Mbs in file size

3 Month subscription – online version only

Publication Name	Format	Price per unit for SOLE USE ONLY	Currency	Amount
New Nutrition Business	Online only	\$195/€165/£100/A\$250/NZ\$295/C\$220/¥22,000		
Kids Nutrition Report	Online only	\$195/€165/£100/A\$250/NZ\$295/C\$220/¥22,000		
GRAND TOTAL				

Company and group licenses are available prices on request, please contact us to discuss this option.

Payment Details

Please debit my				AMEX (for US only)			Cardholders Name: _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card Number PLEASE NOTE THAT CREDIT CARDS WILL BE DEBITED BY WORLDPAY or PAYPAL, OUR FOREIGN CURRENCY PAYMENT AGENTS.							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last 3 (4 on AMEX) digits on signature strip				Valid from		Expiry date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Orders will be sent once full payment is received							

<input type="checkbox"/>	I enclose a cheque payable to 'The Centre For Food & Health Studies Ltd'
<input type="checkbox"/>	I will send payment directly to your bank – NatWest, Law Courts, Temple Bar, 217 The Strand, London WC2R 1AL Account No: 16663357 Sort Code: 60-80-08 Swift Code: NWBKGB2L IBAN: GB62NWBK60800816663357
<input type="checkbox"/>	Please send me a proforma invoice so that I can arrange for pre-payment, I understand that once the payment is received you will send my order.
<input type="checkbox"/>	Please invoice my company – Please supply a purchase order. <u>THE INVOICE IS PAYABLE IN 10 DAYS.</u>

PLEASE NOTE: ALL ORDERS PRE-PAID WILL BE SENT A FULL PAID INVOICE

Please return the completed form to:

The Centre For Food & Health Studies Ltd, Subscriptions Dept, 72 Hammersmith Road, London W14 8TH, UK

Fax Back to : +44 (0)20 7900 1937 or +44(0)87 1247 5832

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