

ARTP Spirometry Handbook Order Form (2nd Ed)

Cost

ARTP Members £25.00

Non Members £30.00

Please note all prices include Postage and Packaging. Discounts may apply for large orders – please contact ARTP on www.artp.org.uk for further information.

Contact Details

Title: _____ First Name: _____ Surname: _____

ARTP Membership Number:

Job Title and Grade: _____ Hospital: _____

Correspondence Address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Payment

Total Amount Payable: £ _____

I enclose payment as a Cheque, made payable to "ARTP"

I require an Invoice

Hospital/Purchase Order: _____

Full Invoicing Address: _____

I wish to pay by Debit/Credit Card (please complete the section below)

Name on Card:

Card Number:

Expiry Date:

Security Number:

Please return your completed form to:

Address: ARTP c/o Executive Business Support, City Wharf, Davidson Road, Lichfield, Staffordshire, WS14 9DZ

Tel: 0845 226 3062

Fax: 0121 355 2420

Email: Admin@artp.org.uk

Web: www.artp.org.uk