

ARTICLE ORDER FORM

After payment in full, this form constitutes a Tax Invoice/Receipt

PERSONAL DETAILS:

First name _____ Surname _____

Mailing Address _____

State or Country _____ Postcode _____

Telephone (W) () _____ (H) () _____ (M) () _____

Fax () _____ Email _____

Volume Number:	Title:	
Issue Number:		
Pages:	Author:	
No. of copies:		
I declare that I will not copy this material, allow it to be copied, store it in any retrieval system or distribute it, excepts as allowed by Australian Copyright Law.		
Date:	Signature:	
Cost: Per Article up to ten (10) pages		
Email	Dispatched within one (1) week by email (pdf).	\$AU 44.00

NB: A surcharge may apply for material older than five (5) years if it has been archived.

PAYMENT DETAILS:

All prices are inclusive of **10% GST** for Australian Tax Purposes

MasterCard Visa Cheque (Australian Bank ONLY)

Card holder's name _____ Expiry Date _____

Card holder's signature _____ Total: _____

Your payment must accompany this form. Please allow up to 6 weeks for processing. Incomplete applications will be returned.

This form and payment should be sent to: ASUM, PO Box 943, Crows Nest NSW 1585, Australia
Facsimile: + (61 2) 9438 3686