**Please note copy deadline & address**

**You must ensure shaded areas are completed and ENCLOSE PAYMENT**

# Order Form

**Please tick**

**LONDON & SOUTH EAST CONNECTION** ☐
**Winter:** December/March 2009 (Issue 52)
**Final Copy deadline: 31st October**

**SOUTH WEST CONNECTION** ☐
**Winter:** December/March 2009 (Issue 83)
**Final Copy deadline: 31st October**

**MIDLANDS CONNECTION** ☐
**Winter:** December/March 2009 (Issue 25)
**Final copy deadline: 31st October**

**(see accompanying leaflet for advert sizes, prices and discounts)**

**Please send to: The Connections PO Box 4032 Yeovil BA20 9AZ**
**Tel. 01747 823424 email: adverts@theconnections.co.uk**

**For office use**

**Ad No.** .....
New: Yes/No.
Ref .....
Q/ty .....
LSE SWC MID
Display.....
Classified .....
Setting .....
Discount .....
Paid/Bal. due.....
Inv. No. .....

Name.....
Address .....
.....
.....
Tel No .....
email .....

**You must ensure you state category required below**

Please use the reverse to write your copy or attach your advertisement clearly giving as much detail as possible of your requirements.

Please see brochure for how to send your display advertisement - any problems do please phone us.

**Advertisers must warrant that their advertisements do not contravene any legislation governing the advertising of goods or provision of service.**

**This form must be completed, signed & returned with cheque/credit card details by COPY DEADLINE. PAYMENT MUST ACCOMPANY IT FOR ANY DISCOUNTS TO APPLY**

**Size of Advertisement required** (Please tick boxes) **Cost** **£ Total P**

Display Size - 1/6 ☐ 1/3 H ☐ 1/3 V ☐ 1/2 V ☐ 2/3 ☐ 1 page ☐ ..... .....

**Colour (not Midlands)** - Full Page ☐ 1/2V ☐ 1/3H ☐ 1/3V ☐ 2/3 ☐ ..... .....

How many issues 1 ☐ 2 ☐ 3 ☐

**Category Required - (See Page Headers in magazines)**

Events ☐ Pract. & Therapists ☐ Centres & Orgs ☐ Courses & Workshops (G) ☐ Courses & Workshops(TG) ☐

Courses & Workshops(TBT) ☐ Tanning & Therapies ☐ Act Hols/Retreats ☐ Buyers Guide ☐ Herbs & Organics ☐

**Linage** No. of words ..... Category ..... Boxed ☐ ..... .....

**Register of Practitioners** LSE*, SW* or Mids* .....Category ..... .....
*Please delete as applicable

**Sub Total**
**less Discount only if PREPAID** • PAYMENT ENC.
**Display typesetting +10% extra**
**Total**
**TOTAL ENCLOSED**

**•Payment by Cheque/Postal Order.**
Please make payable to **The Connections.**
Cheques from outside UK to be £ sterling, drawn on a British bank.
Eurocheques in £ sterling are also accepted.

**•Payment by Credit Card.**
Please debit my Visa/Mastercard/Switch/Solo Card No:

| | | | | **Expiry Date** | **Valid from Date** | **Maestro/Solo Issue No.** |
|---|---|---|---|---|---|---|
| | | | | | | |

Please complete Tinted areas for Debit cards

Security code number (You will find this number written on the back of your credit card where your signature is.)

Name on card ..... Signature .....

**Note: Please give name and address of cardholder (on reverse of order form) if different to name and address stated above.**

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