

Print, complete & post this form to:  
SHOW PAIRS, 22 - 24 Torrington Place, London, WC1E 7HJ



Title:  Mr  Mrs  Ms  Miss  Dr

Describe your field of business

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First Name 

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 Surname 

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Job Title 

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Organisation 

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Address 

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 Postcode 

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Telephone 

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 Fax 

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E-mail 

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Our SHOW PAIRS vouchers are for (*tick as appropriate*)

- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Clients                         | <input type="checkbox"/> Club members | <input type="checkbox"/> Colleaguess |
| <input type="checkbox"/> Customers                       | <input type="checkbox"/> Employees    | <input type="checkbox"/> Friends     |
| <input type="checkbox"/> Passers-by                      | <input type="checkbox"/> Patients     | <input type="checkbox"/> Visitors    |
| <input type="checkbox"/> Other ( <i>please specify</i> ) | <hr/>                                 |                                      |

Please add our organisation to your absolutely free mailing list

I enclose a STAMP ADDRESSED ENVELOPE for a selection of current vouchers

Signature 

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 Date 

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