



Order form

Name

Name of Hospital

Address

..... Post Code Your Order Ref.....

Your delivery address if different from above

.....

.....

Your Invoice address if different from above

.....

.....

Order Requirements, I would like to order

Wearing Glasses	500	£88.00	<input type="checkbox"/>	Tick if applicable
Squints	500	£88.00	<input type="checkbox"/>	Tick if applicable
Lazy Eye	500	£88.00	<input type="checkbox"/>	Tick if applicable

Set of 1500 = £284.00 Tick if applicable

Wearing Glasses	1000	£108.00	<input type="checkbox"/>	Tick if applicable
Squints	1000	£108.00	<input type="checkbox"/>	Tick if applicable
Lazy Eye	1000	£108.00	<input type="checkbox"/>	Tick if applicable

Set of 3000 = £324.00 Tick if applicable

Wearing Glasses	2000	£148.00	<input type="checkbox"/>	Tick if applicable
Squints	2000	£148.00	<input type="checkbox"/>	Tick if applicable
Lazy Eye	2000	£148.00	<input type="checkbox"/>	Tick if applicable

Set of 6000 = £444.00 Tick if applicable

Wearing Glasses	3000	£188.00	<input type="checkbox"/>	Tick if applicable
Squints	3000	£188.00	<input type="checkbox"/>	Tick if applicable
Lazy Eye	3000	£188.00	<input type="checkbox"/>	Tick if applicable

Set of 9000 = £564.00 Tick if applicable

A5 freestanding plastic leaflet dispenser
 1 x £3.50 = £3.50 Tick if applicable 2 x £3.00 = £6.00 Tick if applicable 3 x £2.50 = £7.50 Tick if applicable

Delivery £10.00 to one UK address No VAT applicable

Return by Fax to 01992 428954

Total Order £