



ORDER FORM

for OSNZ Promotional Pamphlets

<i>Name</i>				<i>Pamphlet Title</i>	<i>Lots of 50</i>
<i>Clinic</i>				What is Osteopathy	
<i>Postal Address:</i>				Headaches	
				Osteopathy and Back Pain	
<i>Phone number:</i>				Osteopathy and Asthma	
<i>Email:</i>				Osteopathy and Ageing	
<i>Payment by:</i>	NZ Cheque		<i>payable to OSNZ</i>	Osteopathy and Sports	
: Credit Card	VISA		MasterCard	Osteopathy and Pregnancy	
Cardholder's Name				Children and Osteopathy	
Card Number:	_ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _			Visceral Osteopathy	
Expiry Date:	_ _ / _ _			Cranial Osteopathy	
Signature:				<i>Total no. of lots ordered</i>	
Direct Debit	Bank account 060501-0847568-00 In the Reference field, use first 3 letters of your surname and the word "Order" e.g. ABC-Order			TOTAL TO PAY <i>@ \$10 per lot (Members)</i> <i>@ \$25 per lot (Non-Members)</i>	

Post this form to: OSNZ Office
PO Box 647
Rangiora 7440

If paying by **Credit Card** or **Direct Debit**, you can fax the form to **03 313 2098**