

PLEASE ALLOW TEN WORKING DAYS FOR ORDERS TO BE PROCESSED.

HASSRA Booking Form (East Midlands, North West, Wales and West Midlands only)

It is recommended that you **FAX** this form to us where possible on **01332 714427**
If posting, please use Royal Mail & mark your envelope "PRIVATE AND CONFIDENTIAL"
HASSRA Ground Floor, 10 Normanton Road, Derby DE1 2GW. Tel 01332 714434

BLOCK CAPITALS PLEASE

Name: Mr/Mrs/Ms/Miss _____

Home Address: _____
(Address credit/debit card registered to)

Postcode:

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Daytime Telephone Number: (Work) _____ (Home): _____

Office Name: _____ Staff Number: _____

No of tickets	Tickets (price per ticket)	Amount
	CINEWORLD £4.70	
	SHOWCASE £4.82	
	ODEON ADULT £5.66	ODEON CHILD £3.88
	VUE £4.39	
	INDEPENDENT £5.05	INDEPENDENT CHILD £4.00
	Empire Zone 2 £5.20	Empire Zone 3 £3.97
		Child Zone 3 £3.90
Total Amount		£

Please quote your HASSRA MEMBERSHIP NUMBER.....(PLEASE NOTE if you do not give us your membership number then your application will be DELAYED)

Declaration I declare that I am a member of HASSRA, and am therefore eligible to purchase discount tickets. I understand that these tickets are non-refundable.

Payment *By Debit/Credit card only. No cheques.*

Please Debit my VISA / MASTERCARD / DELTA / SWITCH / MAESTRO (delete as appropriate) account with the total sum authorised below. The address I have given above is the same address as that to which this card is registered. **Please note that we are unable to accept American Express, Electron, or Solo cards.**

Card No.

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Three-digit security code (from signature strip on back of your card)

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Valid From

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 Expiry

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 Issue No.

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 (Switch Cards only)

Name of Cardholder _____ Sum authorised £ _____

Signature of Cardholder **who must be the same person as the person ordering the tickets** _____