

PLEASE ALLOW TEN WORKING DAYS FOR ORDERS TO BE PROCESSED.

# HASSRA Booking Form (London Cinemas only)

Tel 01795562551 Fax 01795 562645

It is recommended that you fax this form to us where possible.

If posting, please use Royal Mail & mark your envelope "PRIVATE AND CONFIDENTIAL"

HASSRA Sittingbourne JCP, 2<sup>nd</sup> floor Roman House, 9 Roman Square High Street  
Sittingbourne Kent ME10 4BP

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	London Cinema Tickets_ – Excluding West End See website for details of usage	Amount
	ODEON Adult @ £6.96 each	
	CINEWORLD Adult @ £4.70 each	
	VUE Off Peak (Monday to Thursday) Adult @ £4.39 each	
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** \_\_\_\_\_