

PLEASE ALLOW TEN WORKING DAYS FOR ORDERS TO BE PROCESSED.

HASSRA Booking Form (London Cinemas 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	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 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.**

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** _____