

PLEASE ALLOW TEN WORKING DAYS FOR ORDERS TO BE PROCESSED.

HASSRA Booking Form (South East and South West Cinemas)

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, 2nd 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	Tickets (for prices and exclusions see intranet/internet site)	Amount
	CINeworld (Exc West End) @ £4.70 each	
	SHOWCASE @ £4.82 each	
	ODEON ADULT (Outside M25 only) @ £5.66 each	ODEON CHILD (outside M25 only) @ £3.88 each
	VUE (Non London) @ £4.39 each	
	INDEPENDENT (Outside M25) @ £5.05 each	
	EMPIRE ADULT (exc Leicester Square) @£5.20 each	EMPIRE Child (exc Leicester Square) @ £3.97 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** _____