

## Order Form for Publications

### Customer's Details:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ (O) \_\_\_\_\_ (R)

Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Customer's Reference: \_\_\_\_\_ Date: \_\_\_\_\_

Deposit Account No. (if any): \_\_\_\_\_

### Publications

Journal(s)/Magazine(s):  1.

2.

3.

4.

5.

Book(s):  1.

2.

3.

4.

5.

CD-ROM Products:  1.

2.

3.

4.

5.

Date:

**Signature**

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(To be filled in by NISCAIR)

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Customer Code: \_\_\_\_\_ Order No. \_\_\_\_\_ Order Date: \_\_\_\_\_