

ARTHRITIS CARE

CHALLENGING PAIN

Relaxation CD order form



I. YOUR DETAILS

Please print in block capitals

Mr/Mrs/Miss/Ms (delete as appropriate)

First Name:

Surname:

Address:

Postcode:

Tel. No:

2. ORDER

Quantity at £5 each

Total £

I enclose a cheque made payable to
Arthritis Care South England for the value of

£ please tick

Please return your completed form to
Arthritis Care South England CPCD
18 Stephenson Way
London
NW1 2HD

