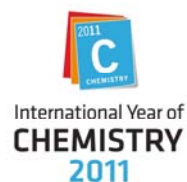


## PERIODIC TABLE ON SHOW ORDER FORM

Please complete and email or fax to:

Email: [@raci.org.au](mailto:raci@raci.org.au) Fax: 03 9328 2670



Price (Incl GST, P&P)		Quantity
\$15.00	Periodic Table A2 Poster	
TOTAL AMOUNT TO PAY		\$

### DELIVER TO

Full Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Suburb/City: \_\_\_\_\_ h \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

### PAYMENT DETAILS

MasterCard or Visa: \_\_\_\_\_

16 digit card no.: \_\_\_\_\_ Expiry Date: \_\_/\_\_/\_\_

\_\_\_\_\_  
Credit Card Holders Name

\_\_\_\_\_  
Credit Card Holders Signature

**PLEASE ENSURE YOU SAVE THIS FORM TO YOUR PC ONCE YOU HAVE COMPLETED YOUR DETAILS, AND ENSURE YOU ATTACH THE SAVED VERSION IN YOUR EMAIL TO US.**