

<u>Sut</u>	oscribers Details:			
Cor	ntact Name:			
		☐ Individual subscript	tion   Company s	ubscription:
			(please specify co	ompany name, this will be included in the delivery address)
Del	ivery Address:			(please inc. post code)
Pho	one:			
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			(your invoice, receipt, renewal in	formation will be sent to this address)
Sub	oscription Options - S	Select one of the following	ng:	
	☐ Hardcopy Subscription - ONLY applies if subscribing after 1 <sup>st</sup> March			
		Subscribed Mar-May	Subscribed Jun-Aug	Subscribed Sep - Nov
	New Zealand	☐ \$41.25 (inc. GST)	☐ \$27.50 (inc. GST)	☐ \$13.75 (inc. GST)
	Australia	□ NZD 48.75	□ NZD 32.50	□ NZD 16.25
	Rest of World	☐ NZD 60.00	□ NZD 40.00	□ NZD 20.00
	Issues Received	Jun, Sep & Dec	Sep & Dec	Dec
	Electronic Subscript	ion - ONLY applies if subscr	ibing <u>after 1<sup>st</sup> March</u>	
		Subscribed Mar-May	Subscribed Jun-Aug	Subscribed Sep - Nov
	Any Location	☐ NZD30.00	□ NZD20.00	□ NZD10.00
	Issues Received	Jun, Sep & Dec	Sep & Dec	Dec
	☐ Email to Above	Address <b>OR</b>		
<u>Pav</u>	ment Options – Sel	ect one of the following	<u>:</u>	
	INVOICE - Please emai	il an invoice to above addr	ress	
	CREDIT CARD DETAILS	: (Visa or Mastercard Only	<i>(</i> )	
	Name on Card:		Exp Date:	
	Signature:		AMOUNT \$	

Return your completed form to: savana.carroll@planning.org.nz

I would like a receipt emailed to the above address  $\ \square$