



STATIONARY ORDER
FORM

*Association of
Lipspeakers*

TITLE (Mr/Mrs/Miss/Ms) :	
FIRST NAME:	SURNAME:
ADDRESS:	
	POST CODE:
E-MAIL:	MOBILE:

ITEM DESCRIPTION	QUANTITY	PRICE	TOTAL
		£	
		£	
		£	
		£	
		£	
		£	
		£	
		£	
		£	
		£	
		£	
TOTAL:			

PAYMENT

BACS 20-69-40 , 83710505 (our preferred method)

OR

CHEQUE

*Individuals are required to complete this order form and return it to either
information@lipspeaking.co.uk or 37 MELROSE AVENUE, READING, BERKSHIRE, RG6 7BN*