

PLEASE TYPE OR USE BLOCK CAPITALS

Section 1: Organisation Details

NAME OF ORGANISATION			
ADDRESS			
.....			
POSTCODE	COUNTRY
TEL	FAX
VAT NO: (Subscribers from EU countries other than UK)			
NAME OF CONTACT (for invoicing and administrative purposes)			
POSITION	TEL
EMAIL			
TYPE OF ORGANISATION			
Law firm	<input type="checkbox"/>	Government legal department	<input type="checkbox"/>
Barristers' chambers	<input type="checkbox"/>	Legal department of a commercial organisation	<input type="checkbox"/>
Other (please specify)			
NUMBER OF LAWYERS / FEE-EARNERS IN ORGANISATION			
<i>Notes:</i> 1. UK firms, or UK offices of overseas firms, should include here lawyers in all branch offices in the UK. 2. Overseas offices of overseas firms, and overseas offices of UK firms, should make separate application.			
Band 1	1 to 10 lawyers	<input type="checkbox"/>	Band 6 201 to 300 lawyers <input type="checkbox"/>
Band 2	11 to 25 lawyers	<input type="checkbox"/>	Band 7 301 to 400 lawyers <input type="checkbox"/>
Band 3	26 to 50 lawyers	<input type="checkbox"/>	Band 8 401 to 500 lawyers <input type="checkbox"/>
Band 4	51 to 100 lawyers	<input type="checkbox"/>	Band 9 501 to 600 lawyers <input type="checkbox"/>
Band 5	101 to 200 lawyers	<input type="checkbox"/>	Band 10 601+ lawyers <input type="checkbox"/>

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DOES YOUR ORGANISATION HAVE A

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- Credit Card Payment
(we will ring you to take payment details and then destroy these details)

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Cardholder name (in BLOCK CAPITALS)

Cardholder address details (if different from Section 1)

ADDRESS

POSTCODE COUNTRY

TEL FAX

Section 4: Authorisation

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Signed on behalf of the organisation..... Date

Name (in BLOCK CAPITALS)

POSITION

TEL

Please sign before returning this form – *Thank you*

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