



Book Group Order Form

Name: Position:

Organisation:

Address:

Postcode: Tel:

Email:

Number of copies required: Purchase Order No. (if applicable):

Billing Address:
(if different from above)

Postcode: Tel:

We wish to join the Book Group scheme and agree to borrow Calibre books exclusively for people who have sight problems or other disabilities. We will not copy, reproduce, transfer, distribute, lease, license or publicly perform in any way an audio book lent by Calibre for members' sole use.

Name: Position:

Signature: Date:

Books will be provided on either MP3 CD or USB memory sticks; please let us know your preference on application.

Please give details of the book you would like for your first meeting:

1st Choice Title: Cat. No:

2nd Choice Title: Cat. No:

Date first book is required: