
Doctors' Photographs Copy Order Form

This is a copy service for the record series NRS 9873, Doctors' photographs

The fee for this service is \$28.00 which includes the copies for the first entry, the administrative fee and postage/handling. Additional entries are \$8.00 each. Overseas orders incur an additional \$3.65 postage charge.

You will receive a 600dpi jpeg digital image on CD, and a 4'x6' print on photographic paper.

Print out the form below, fill in all the details and mail/fax to:

Doctors' Photographs – Copy Service
State Records
Reprographics Officer
PO Box 516 Kingswood NSW 2747
Facsimile (02) 9833 4518

We accept Visa and MasterCard.

Cheques or money orders should be made payable to State Records. We cannot accept personal cheques from foreign banks.

Express postage is available on request, extra charges will apply.

Please do not send cash

Please read these conditions carefully

- State Records aims to produce reference copies of State archives through the copying service.
- Copies may not always be legible in cases where handwriting is poor or faint, or the original record is in poor condition.
- Orders will be completed within 20 working days from the date of receipt.
- Urgent orders will be completed within 5 working days and a 25% surcharge will apply.
- State Records cannot accept responsibility for photographic orders lost in the postal system.

You *must* provide the FULL name and Item Detail for each entry

Photo Details 1 = \$28.00

Name **required*:

Item Detail **required*:

Other remarks:

Photo Details 2 = \$8.00

Name **required*:

Item Detail **required*:

Other remarks:

Photo Details 3 = \$8.00

Name **required*:

Item Detail **required*:

Other remarks:

Photo Details 4 = \$8.00

Name **required*:

Item Detail **required*:

Other remarks:

Photo Details 5 = \$8.00

Name **required*:

Item Detail **required*:

Other remarks:

Your address and payment details

Name:		
Address:		
Suburb:	Postcode:	State:
Country (if not Australia):		
Telephone:	Email:	
Cheque/money order enclosed:		
Credit Card Number: _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _		
Credit Card Name:		
Card Expiry Date:	Visa: <input type="checkbox"/>	Mastercard: <input type="checkbox"/>
<p>Declaration</p> <ul style="list-style-type: none"> • I have read and agree to the conditions above • I will obtain the written permission of State Records if I wish to publish State archives or extracts therefrom (See Archives In Brief 11) <p>I agree: <input type="checkbox"/></p> <p>Signature: _____ Date: _____</p>		

Cost of order	
Subtotal of order:	\$28.00
Additional entries (\$8.00 per entry):	
Urgent order (add 25%)	
Overseas order (add \$3.65):	
Total of order:	