

SUBSCRIPTION FORM FOR PJO

Date: _____

Name of Member / Institute:

Qualification: (Members only)

Tel / Mob:

Email:

Address: (where journal is to be received)

Subscribed Amount: _____

(For Institutions: Rs. 4,000/- per year, For Members: Pakistan: Rs. 2000 per year; United States: \$100 per year; Elsewhere: US \$60.00 per year by surface mail and \$150 by air mail: Single copies: Pakistan: Rs. 400.00; Elsewhere: US \$15.00. Send subscription by crossed cheque, demand draft (drawn on banks in Lahore) or money order, payable to **Pakistan Journal of Ophthalmology**, addressed to *Prof. Muhammad Moin, Pakistan Journal of Ophthalmology, OSP House, 4-A LDA Flats, Lawrence Road, Lahore - Pakistan.*)

Signature

For Office Use:

Amount Received: _____

Subscription Period: _____

Date Received: _____

Authorized Signature: _____