



**FLINDERS UNIVERSITY**  
ADELAIDE • AUSTRALIA

GPO Box 2100  
Adelaide 5001 Australia  
Telephone: (+61 8) 8201 3437  
Email: Barbara.triffett@flinders.edu.au

**Date:** .....

Please send me a copy/copies of ***Twenty Years: Women's Studies at Flinders 1986-2006*** by Susan Sheridan and Shirley Dally.

**Cost: \$20 for individuals (includes GST)**  
**\$30 for Institutions (includes GST)**

A Tax receipt will be forwarded in due course to:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact No:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_

**Cheque/Money Order: \$..... (Made out to: Flinders University)**

**Payment by Credit Card**

:

Card Type	VISA	MasterCard
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Expiry Date on Card: \_\_\_/\_\_\_ Signature: \_\_\_\_\_

Name on Card: \_\_\_\_\_  
(Please Print)

Amount to be charged to card: \$ \_\_\_\_\_

Please send this Form to: **Barbara Triffett,  
Women's Studies Dept  
Flinders University  
GPO Box 2100  
Adelaide SA 5000**

*For Office use only*

**Account number to be credited: 432 0051 0811 006 0 01**

**Tax Code: GST**

**Cashiers Office Please Note: Return Tax receipts to Women's Studies**