



2010 READER REGISTRATION FORM

PLEASE COMPLETE AND FAX BACK THIS EHN REGISTRATION FORM

All information provided is confidential and will not be passed onto any third party.

If more than one individual within your company is reading EHN and requires their own copy, please photocopy this Form and fax it to **01249 700235**

First Name _____

Last Name _____

Job Title _____

Company _____

Address _____

City _____

County _____

Post Code _____

Telephone _____

Mobile _____

Fax _____

Email _____

I confirm that I have management responsibility within a tools, small plant and equipment hire company.

Yes No

What is the *month* of your birth? – recorded numerically (1-12).
(ABC verification question)

Please sign and date below to confirm you wish to receive/continue to receive a **FREE** copy of EHN every issue.

Signature _____ Date _____

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