ORDER FORM

	nis form, sign it and so ut to the Pontifical Cou		cal Council for the	Laity together w	vith payment by
Name		Surname			
Address		City	Code _	Countr	y
Tel.:	Fax:	E-ma	il:		
	Title		Cost	Quantity	Total cost
1.			Euro		
2.			Euro		
3.			Euro		
4.			Euro		
5.			Euro		
6.			Euro		
Payment by eur	o bank cheque				
Signature			Date		