

**Personal Details and Postage**

Name:

Title:

Organisation:

E-Mail:

Address:

City:

Region:

Country:

Post Code:

Telephone: (include local area code)

Notes:

**I wish to subscribe for** (Please tick)

1 year (4 issues)

2 years (8 issues)

**Method of payment** (Please tick)

PayPal

VISA

Mastercard

Bank Transfer †

Cheque (Ireland only)\*

† We will email back our details for transfer

\* Please make cheques payable to the "Time Traveller's Bookshop Ltd."

Card Number:

Expiry Date: (MM/YYYY)

CRV: ( 3 digits on back )

Card Holder ( Name ):

**Return this form by post**

The Time Traveller's Bookshop Ltd.  
44 Bridge Street,  
Skibbereen,  
Co.Cork, Ireland

**Return as a PDF by email**

info@timetraveller.ie  
with 'subscribe'  
in the subject line

**For further information :**

holger@timetraveller.ie  
+353 (0)87 2903613