

The *St. Kitts - Nevis* Observer

St. Kitts - Nevis Observer • Subscription Department • P.O. Box 510 • Charlestown • Nevis, W.I.

Subscription Form

Date: _____

Name: _____

Mailing Address: _____

Tel/Fax: _____

E-mail: _____

Length of Subscription: _____

Starting Date: _____ Expiration Date: _____

Date of Payment: _____ Receipt#: _____

Amount Received: _____

Form of Payment:

Cash

Cheque/MoneyOrder

Special Instructions: _____

Signature: _____