



SUBSCRIPTION FORM.

TO THE MANAGER, "NURSING RECORD" OFFICES, 11, ADAM STREET, STRAND, LONDON W.C.

Please send me "THE NURSING RECORD," each week, until countermanded.

Signed_____

Address__

Date_____189

Terms (post Free)-Twelve Months, 6/6; Six Months, 3/9; Three Months, 1/9; Abroad-Twelve Months, 9/-.

All Subscriptions must be paid in advance by Cheque or Postal Order (crossed London and County Bank) direct to the Manager. No one is authorised to collect Subscriptions on behalf of the Proprietor.





