



LICENSED PHARMACIES AND PHARMACISTS LIST

Order Form

CUSTOMER INFORMATION

Ms Mrs Miss Mr Dr

Name _____ Tel _____

Company _____

Address _____

City _____ Province _____ Postal code _____ Country _____

Email * _____

** Email is mandatory as lists will be emailed to you.*

ORDER INFORMATION

	<u>Price + HST</u>	<u>Total amount</u>
<input type="checkbox"/> Electronic list of Licensed Pharmacies & Full Pharmacists	\$52.50 + \$6.30 = \$58.80	\$ _____
<input type="checkbox"/> Electronic list of Licensed Pharmacies & Full Pharmacists with additional 11 monthly amendments	\$210.00 + \$25.20 = \$235.20	\$ _____

HST # R106953920

PAYMENT OPTION

Cheque/Money order (payable to College of Pharmacists of BC)

VISA MasterCard

Card # _____ Exp ____/____

Cardholder name _____

Cardholder signature _____

- The Customer and its employees, subsidiaries and associates agree to keep the information ordered confidential and shall not share the information with any other individual, group, organization, or company.
- The Customer shall indemnify and protect the College of Pharmacists of BC for any of the Customer's acts or omissions that are inconsistent with the legislation, policies, standards, or procedures that relate to the use and dissemination of the information provided.

_____ Date

_____ Signature