



# 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	<b>\$50.00 + \$6.00 = \$56.00</b>	<b>\$ _____</b>
<input type="checkbox"/> Electronic list of Licensed Pharmacies & Full Pharmacists with additional 11 monthly amendments	<b>\$200.00 + \$24.00 = \$224.00</b>	<b>\$ _____</b>

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