

MedsIndex

Resources Order Form

Section 1 - CONTACT DETAILS

Title Surname First Name
.....

Pharmacy Name
.....

Delivery Address
.....

Suburb State Postcode
.....

Phone Fax
.....

Email
.....

Section 2 - ORDER DETAILS

MedsIndex Resources KitCost: Member \$88.00 inc GST Non Member \$88.00 inc GST
16 page MedsIndex Brochure
Consumer Information Leaflets (20)
A4 Counter Card
Window Decal
MedsIndex Resource CD-Rom

Section 3 - PAYMENT DETAILS

Cheque enclosed made payable to The Pharmacy Guild of Australia

Please charge my credit card

AMEX VISA Mastercard Diners

Card Number
.....

Name on Card
.....

Expiry Date Signature
.....

Fax to: 07 3831 7537



The Pharmacy Guild
of Australia