

Services Directory Order Form 2010



Type of Service:

Audits & QA	<input type="checkbox"/>	Pharmacovigilance	<input type="checkbox"/>
Biotechnology	<input type="checkbox"/>	PIL	<input type="checkbox"/>
Chemistry/Pharmacy	<input type="checkbox"/>	Pre clinical	<input type="checkbox"/>
Clinical Research	<input type="checkbox"/>	Pricing & Reimbursement	<input type="checkbox"/>
Consultancy	<input type="checkbox"/>	Product Development	<input type="checkbox"/>
Data Management	<input type="checkbox"/>	Software/ eWorking	<input type="checkbox"/>
Education & Training	<input type="checkbox"/>	Translation	<input type="checkbox"/>
Legal	<input type="checkbox"/>	Veterinary	<input type="checkbox"/>
Medical Technology	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

Type of Entry:

IMPORTANT: Please tick the appropriate box.

Basic Entry [only available to individual consultants]

The annual entry includes

- o A selection of up to three services offered
- o Up to 15 areas of expertise you specialise in (Consultants only)
- o Your full address details
- o A 50-word company profile

Rate: £125 plus VAT

Standard Package

The annual Standard Package includes

- o A selection of a maximum of three services offered
- o An unlimited number of areas of expertise your company specialises in (Consultants only)
- o Your full address details
- o A 50-word company profile
- o A one-page A4 PDF with a summary of your company and services

Rate: £500 plus VAT

Premium

The premium annual package includes:

- o A selection of up to three services offered
- o An unlimited number of areas of expertise your company specialises in (Consultants only)
- o Your full address details
- o A 50-word company profile
- o Company logo (.jpeg, .png, .eps)
- o Website link
- o A PDF brochure [up to four A4 pages] with a summary of your company and services

Rate: £1,000 plus VAT

Order Details:

Date: _____ Purchase Order No: (if applicable) _____

Booked by: _____

Email address: _____

Company: _____

PDF File will be sent via Post E-mail: lisa@topra.org

Date PDF File will be submitted to the TOPRA office: _____

Please tick if you wish TOPRA to continue using the current PDF File

Invoice name & address: _____

Tel no: _____ Fax no: _____

Payment Method:

Cheque enclosed Cheque No. _____

Bank Transfer Date of transfer //

Please charge my debit/credit card

Debit/credit card details

Type of card Debit card Mastercard Visa America Express

Card No. _____ Exp Date ____/____

3 digit security code

Card holder name *(as given on the card)*

Billing address for card *(must be provided)*

TOPRA will seek authorisation from the card-issuing company before confirming any bookings.

NOTES:

- Please double check this order carefully before submission
- Advertisements will not be accepted without this form having first been signed and returned to the TOPRA office.
- Upon receipt TOPRA will email a order confirmation.

Signed: _____ Date: _____

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