

## Travax Trial Order Form

**Start Date:**

Immediately

Future Date

**Account Name:**

Name of organization trialing Travax

**Account Administrator:**

Person managing the Travax trial

Title:

Email:

Phone:

### Practice Type

**Unrestricted Access (open to public)**

Medical Clinic/Private Provider

Pharmacy

Public Health

**Organization-Specific Access**

Corporate or NGO Medical/On-Site Service

Government Medical/On-Site Service

Student/Campus Health

HMO (serves members only)

**Travax Site Address\*** (physical address where Travax will be used for patient care)

### Trial Email Subscriptions

Enroll the following email addresses to receive the Travax News Alert, Literature Watch Review, and Content Changes Email Subscriptions during the trial period.

1

2

3

4

\* Include the country if not USA