

Travax Trial Order Form

If completing as a fillable PDF, note that some browsers, like Chrome and Opera, let you enter form content but don't save it to the file when you use the "save" or "save as" commands. If you use these browsers to fill out the form, choose Print and select the PDF print option to create a PDF that includes your entries. Otherwise, use a browser or other PDF reader that displays a Save control with the form. Link: www.shoreland.com/downloads/pdf/TravaxTrialOrderForm.pdf

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