

Ethics in Clinical Research - Order Form



| Purchasers Details | |
|--------------------|--|
| Name | |
| Email | |
| Phone | |

| Order Quantity | Cost |
|--|--------|
| 1 | £9.99 |
| 2 | £17.98 |
| 3 | £24.00 |
| 4 | £28.00 |
| For numbers above this please contact the Ops Director for a quote | |

| Order | |
|-----------|--|
| Quantity | |
| Total (£) | |

| Payment |
|---|
| I wish to pay by Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> AMERICAN EXP (extra charges will apply) <input type="checkbox"/> Card number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Start Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiry date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Name (as it appears on the card) _____ |
| I wish to pay by Invoice <input type="checkbox"/> Purchase Order Number <input type="text"/> Invoices can only be raised when a PO no. is provided |

| Delivery Address | |
|------------------|--|
| | |
| Postcode | |

| Billing/Invoice Address | |
|-------------------------|--|
| | |
| Postcode | |

| For Office Use Only | | |
|-----------------------|----------------------|-------------|
| Order taken on (date) | Payment taken (date) | Sent (date) |
| | | |