

## ACT on HCAI RESOURCE CENTRE LICENCE ORDER FORM

Please complete the form below and return pages 1 and 2 to us to at:  
**Healthcare A2Z Ltd, " \* ER&v d 7Z/JU, 4Ri e \_ t Cambridge CB23 ) AI**  
 Or fax to: **(0)800 066 4843**

I would like to purchase the following licence:

Licence type	Price	VAT	Total Payable
<input type="checkbox"/> <b>1 year promotional discount licence</b> (purchased during 2010)	<b>£900.00</b> (at 15%)	<b>£135.00</b>	<b>£1035.00</b>
<input type="checkbox"/> <b>1 year standard licence</b> (purchased after December 31st 2010)	<b>£1200.00</b> (at 17.5%)	<b>£210.00</b>	<b>£1410.00</b>
<input type="checkbox"/> Personalise the ACT on HCAI Resource Centre by adding your organisation's logo to the site <b>FREE**</b>	-	-	-
<b>TOTAL £</b>			

\*\*We will contact you about adding the logo graphic to the site's interface separately.

### Issue of your dedicated organisation licence code

Upon receipt of an official PO (purchase order) number, or payment in full, we will send you your dedicated organisation code via email to enable you to gain access to the ACT on HCAI Resource Centre. The issue of this code will constitute the start date of our licence agreement terms (page 3 of this document).

### Key contact details for dedicated organisation licence code

The key contact should be the person responsible for the code and its distribution within the organisation. The key contact will have administration access within the ACT on HCAI Resource Centre. This will enable the key contact to view and print statistics relevant to their organisation's activity within the ACT on HCAI Resource Centre.

Key contact name: \_\_\_\_\_

Key contact position: \_\_\_\_\_

Key contact email address: \_\_\_\_\_

Key contact telephone no.: \_\_\_\_\_

### Order authorisation

My purchase order number/reference is: \_\_\_\_\_

Authorised signature: \_\_\_\_\_

Authorised person's position: \_\_\_\_\_

continued next page

## ACT on HCAI RESOURCE CENTRE LICENCE ORDER FORM

### Invoice address

Name or Department: \_\_\_\_\_ Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

Special instructions (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Invoice payment method:

**By BACS**  
Details will be supplied on purchase invoice

**By cheque**  
Payee details will be supplied on purchase invoice

**By bank-to-bank transfer (international payments only)**  
**IMPORTANT**  
Payments must be made in pounds Sterling equivalent.  
For currency conversion please refer to <http://www.xe.com/ucc/full/> on date of purchase.  
On payment, you must quote Healthcare A2Z's International Bank Account Number (IBAN) and Barclays SWIFTBIC (Bank Identifier Code), which will be provided on our purchase invoice.

## ACT on HCAI RESOURCE CENTRE LICENCE ORDER FORM

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