

Genericlicensing.com Listing Booking Form

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messages@genericlicensing.com

Address and contact details	
Contact name	
Business title	
Company name	
Invoice address	
Country	
Telephone number	
Fax number	
Email address	
EU VAT Number	

Booking Summary (remove as required)	
<u>Basic Company Profile:</u> No Product Information	Free
<u>Basic On-line:</u> Company profile and 3 products on-line	
6 Months	£1100
12 Months	£1650
<u>Full On-line:</u> Company profile and all products on-line	
6 Months	£1650
12 Months	£2750
<u>Basic On-line and Directory:</u> Company profile, 3 products on-line and all products in Global Generic Product Directory	
6 Months	£2200
12 Months	£3850
<u>Featured Status:</u> Featured company profile on-line, all products On-line, Featured Company profile in Global Generic Product Directory and ALL products listed in Global Generic Product Directory. Plus 1 free premium subscription and advertorial in our New Pharma magazine and 50% off standard advert in magazine(see notes)	
6 Months	£3300
12 Months	£5500
Additional advertising space available on www.genericlicensing.com , weekly Newsletters, in the Global Generic Product Directory and our New Pharma magazine. Please ask for details and prices.	Various
Price	£ _____
	Total £ _____

Accounts details

Notes	<ul style="list-style-type: none"> • Online profile subject to receiving product information. • Advertorial in New Pharma subject to availability. 12 available per year and available once every 2 year period per company. • New Pharma Premium Subscription limited to 1 person per company. Further subscriptions available at 50% off the £99 annual price • Ask for further information on pricing for additional 50% discounted New Pharma adverts.
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Payment Type - Tick one only

CREDIT CARD	<input type="checkbox"/>
ELECTRONIC PAYMENT	<input type="checkbox"/>
CHEQUE	<input type="checkbox"/>

Payment details

Please fax back to +44 (0)870 752 4106 or scan and email to greg.kinsey@genericlicensing.com

*Excluding bank transfer costs. Transfer costs to be paid by sender.

BY CREDIT CARD: Please fill in your credit card details below
 Credit card payments will be charged equivalent to the UK sterling price, based on the exchange rates published by the Financial Times on the day of transaction.

Card Number: _____
 Name on Card: _____
 Expiry Date: _____ Issue No _____ Security No' _____

Card Type: Please Tick Box	
<input type="checkbox"/>	VISA
<input type="checkbox"/>	MASTERCARD
<input type="checkbox"/>	MAESTRO

BY ELECTRONIC PAYMENT:

Beneficiary:	Genericlicensing Limited	Beneficiary bank:	HSBC
IBAN:	GB 60 MIDL40131062006650	SWIFT:	
BACS:	Sort Code: 40-13-10	Account Number:	62006650

BY CHEQUE:
 Cheques to be made payable to : **Genericlicensing Limited** and sent to the address at the top of this document

Many thanks for your booking; we look forward to working with you!

Email Completed Bookings Forms to Greg.Kinsey@genericlicensing.com