

## ISTM Member New Travax Site License Discount Plan

Thank you for your interest in Travax and receiving a valuable benefit of your ISTM membership through the ISTM Member Advantage Program.

Please carefully read the following Program Information and Terms to determine if you qualify for this New Travax Site License Discount Plan. If you qualify, enter the information requested about your ISTM membership and the site for which you want to license Travax in the form below (this is a fillable PDF).

Submit the completed application by email to [sales@shoreland.com](mailto:sales@shoreland.com) or by fax to +1-414-290-1907. **This is not a commitment to order.** After your application has been reviewed, Shoreland will contact you regarding next steps.

### Program Information and Terms

Offer to Active ISTM Members: Half price (USD 487.50) for the first year of a new (first-time) Travax single-site license; standard pricing (USD 975.00) applies at time of site-license renewal after first year.

- Offer is subject to the terms of the standard Travax single-site license which is available for review at [www.shoreland.com/services/travax/license-agreement](http://www.shoreland.com/services/travax/license-agreement)
  - Travax use is limited to the care and counseling of patients seen at the licensed site
- Offer cannot be used for a site with an existing Travax license or a prior Travax license expired for less than 180 days (even if a different individual or entity acquired the prior license)
- The ISTM member must practice at or have direct supervisory responsibility for practice at the site being licensed
- The ISTM member licensing the site is responsible for paying the license fee

### Program Application (*not a commitment to order*)

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/content/pdf/ISTM\\_DiscountApplicationForm.pdf](http://www.shoreland.com/content/pdf/ISTM_DiscountApplicationForm.pdf)

#### *ISTM Member Information*

Please provide the requested information as it appears in your ISTM member profile at [myistm.istm.org](http://myistm.istm.org).

Member Name:

Member #:

Member Email Address:

Membership Join Date:

Membership Expire Date:

#### *Site License Information*

Please enter the street address of the site where you want to use Travax for patient care and counseling.

Clinic/Company Name:

Street Address:

Country: