

## Travax Trial Order Form

**Note:** Chrome does not save text in form fields correctly when this PDF is opened from the web link, filled out, and then saved as a download. Instead of downloading, choose Print and select the PDF print option, or save the file locally before filling it out and saving. Always reopen the form to confirm that your entries display correctly before emailing it to Shoreland. Link: [www.shoreland.com/downloads/pdf/TravaxTrialOrderForm.pdf](http://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

