



2019 Retail Order Form

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Table with 5 columns: ORDER DETAILS, AMH Retail Price (single item), Add Postage & Handling (single item), Quantity, Total Price (inc P&H). Rows include AMH Book 2019, AMH App, AMH Online, AMH Children's Dosing Companion, AMH Aged Care Companion, and various AMH Pharmacy Packages.

PURCHASER DETAILS Please complete all sections Electronic version purchasers MUST provide email address

Form fields for purchaser details: Company / Business Name, Contact Name, Title, Delivery Address, State, Postcode, Daytime Phone, Email, Mobile Phone.

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WHAT IS YOUR PROFESSION? (This information is for internal AMH use and will not be made available to any third party)

Form for profession selection: COMMUNITY PHARMACIST, HOSPITAL PHARMACIST, COMMUNITY MEDICAL PRACTITIONER, HOSPITAL MEDICAL PRACTITIONER, NURSE PRACTITIONER, NURSE, OTHER.

PAYMENT DETAILS Full payment (Cheque/Money Order/Credit Card Details) MUST be included with Order

Form for payment details: TOTAL AMOUNT, CREDIT CARD DETAILS (VISA, MASTERCARD, AMEX), PAYMENT METHOD (CHEQUE/MONEY ORDER, EFT), NUMBER, NAME ON CARD, EXPIRY DATE, SIGNATURE.

For P&H charges on multiple items, please contact AMH on 08 7099 8800. *AMH 2019 Book Delivery Date: Mid-Late January. All AMH electronic product subscriptions are for 12 months and commence from the date the order is processed or at conclusion of existing subscriptions...