



NABPLAW[®] Order Form

_____ **Single-user Annual License:** \$995

_____ Annual Renewal: \$695

Multi-user Annual License:

_____ 2-5 users: \$2,000

_____ 6-10 users: \$3,000

_____ 11-15 users: \$4,000

_____ Unlimited corporate (16+ users): \$5,000

_____ **State Boards of Pharmacy Annual License** (unlimited users): \$295

Single-user Short-term License:

_____ One-day license: \$10

_____ One-week license: \$50

_____ One-month license: \$195

_____ Six-month license: \$695

\$ _____ **Total**

Please make check or money order payable to NABP Foundation. **Credit card payments (Visa, MasterCard, and American Express) are accepted by phone;** please contact the Professional Affairs Department at 847/391-4416. *User names and passwords will be provided upon receipt of payment.*

Name: _____

Company Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Country: _____

Phone: _____ Fax: _____

E-Mail: _____

Mail Order Form with payment to:

Publications Desk
National Association of Boards of Pharmacy
1600 Feehanville Drive
Mount Prospect, IL 60056 USA