

# Order Form

Orders may be placed via postal mail, e-mail or fax. Orders not accompanied by a purchase order must contain a telephone number for verification.

## Payment

We accept the following forms of payment:

**Company Check:** Please make checks payable to 'Greystone Associates'

**Credit Cards:** We accept MasterCard, Visa and American Express

**Wire Transfers:** See 'Wire Transfers' below for more information

### Orders Outside the U.S.

Orders must be prepaid via credit card, company check in US funds and drawn on a US bank, or wire transfer.

Wire Transfers:

Bank of New Hampshire  
300 Franklin Street  
Manchester, NH 03103  
(Call for Account Information)

Mailing Address:

P.O. Box 1362  
Amherst, NH 03031

Email to:  
[research@greystoneassociates.org](mailto:research@greystoneassociates.org)

## Inhaled CNS Therapeutics *Drugs, Devices, Diseases, Targets and Therapeutics*

Select	Format	Price (U.S. funds)	Total
<input type="checkbox"/>	Electronic	\$2,850.00	
<input type="checkbox"/>	Site License	\$4,500.00	
<input type="checkbox"/>	Global License	\$6,500.00	
<b>Total Payment (U.S. funds)</b>			

Method of Payment: \_\_\_ Company Check \_\_\_  \_\_\_  \_\_\_  \_\_\_ Wire Transfer (International)

Card Number: \_\_\_\_\_ Name on Card \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card CVV \_\_\_\_\_ Signature \_\_\_\_\_

Billing Information	Shipping Information
Name:	Name: <input type="checkbox"/> Click here if same as Billing Information
Title:	Title:
Company:	Company:
Street Address:	Street Address:
City, State/Province:	City, State/Province:
Country/Postal Code:	Country/Postal Code:
Phone:	Phone:
Fax:	Fax:
Email:	Email: