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Randomizer for Clinical Trials - Trial Registration Form

| | | | | |
|---|---|---|--|-------------------------------------|
| Trial | Name: | <input type="text"/> | | |
| | <i>(according to field „Name“ in the Online-Form „Trial Description“)</i> | | | |
| | Sponsor: | <input type="checkbox"/> Commercial | <input type="checkbox"/> Academic | |
| Billing Address | Expected Number of Randomizations: | <input type="text"/> | Expected Duration (month): | <input type="text"/> |
| | Name/Org.: | <input type="text"/> | | |
| | Address: | <input type="text"/> | | |
| | Postal/ZIP Code: | <input type="text"/> | City: | <input type="text"/> |
| | Country: | <input type="text"/> | Fax: | <input type="text"/> |
| | E-mail: | <input type="text"/> | | |
| | Payment Method | Bank Transfer | <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard |
| Expiration Date: <input type="text"/> | | Cardholder's Name: <input type="text"/> | | |
| <i>(MM/YY)</i> | | <i>(as it appears on the credit card)</i> | | |
| Preferred Remittance | <input type="checkbox"/> monthly | <input type="checkbox"/> quarterly | <input type="checkbox"/> semi-annually | Others: <input type="text"/> |
| | <i>(for further invoices exceeding the included quantity of randomizations)</i> | | | |
| Contact Address for Administrative Purposes | Name: | <input type="text"/> | | |
| | Phone: | <input type="text"/> | | |
| | E-mail: | <input type="text"/> | | |
| Remarks | <input type="text"/> | | | |

The above information is, to the best of the signatory's knowledge, correct and complete.

The terms and conditions are binding and accepted from the authorized signatory.

.....
 City, Date

.....
 Signature

| | |
|-----------------|----------------------|
| Name: | <input type="text"/> |
| Title/Position: | <input type="text"/> |