

Dynamic Array Registration/ Payment form for Trial Software

Please complete the following form and upon receipt we will issue an unlock code for each program registered. **It is important that you provide the serial number** of your program as each program has an individual unlock code. The serial number is located in the registration window when you first start the program.

Program name	Serial number	Full Price (10% GST included)	Student Price (copy of student card must accompany order for student prices)	Total
Complementary Medicine Suite (includes TMD)		\$308.00	\$269.50	
Lite Complementary Medicine Suite (includes either HB or NMD)		\$246.40	\$211.75	
Traditional Medicine Database (TMD)		\$192.50	\$165.00	
Patient Pro (PPRo)		\$330.00	\$297.00	
HerbBase (HB)		\$104.50	\$82.50	
Nutritional Medicine Database (NMD)		\$104.50	\$82.50	
Food & Nutrient Calculator (FNC)		\$27.50	\$27.50	
Waiting Room Manager (WRM)		\$110.00	\$110.00	
Vehicle Monitor (VM)		\$27.50	\$27.50	
Referenced Herbal medicine data (select number of months - you nominate the months)	Which months? (see list at www.DynamicArray.com.au)	\$25.00 per month of data (12 months = \$300.00 \$1.10 per herb)	\$25.00 per month of data (12 months = \$300.00 \$1.10 per herb)	
Referenced Herbal medicine data (select specific herbs)	Which herbs? (see list at www.DynamicArray.com.au)	\$1.32 per herb (Minimum of 15 herbs = \$19.80)	\$1.32 per herb (Minimum of 15 herbs = \$19.80)	
NOTE: Please add \$15.00 if you want your program posted on a CD-rom				Total

I enclose a cheque or money order for \$ _____ **OR**

Please charge registration to my (circle one): Master Card Visa Card Bankcard

My full card number is: _____

Valid from: ___/___/___ until end: ___/___/___

Name on card (PRINT full name): (circle title Ms Mrs Mr Dr) _____

Signature of cardholder: _____

Please register the software in the name of (this is where the unlock code will be sent):

Name / Company: _____

Postal Address: _____

Country _____ Post/Zip Code: _____

Phone (BH): _____ (AH): _____ (Mob): _____

E-Mail: _____

Please send unlock code by (circle one) email OR mail / hard copy.

Please return to Dynamic Array

By Post (Check, Money Order or Credit card):

P.O. Box 376 East Melbourne, Victoria 3002, Australia

Fax (Credit card only): if outside Australia include country code (+61) (3) 9545 0581