## OUEGEL

## ION NEEDED –

Thank you for choosing to carry Aquegel in your pharmacy! This form MUST BE COMPLETED

	RETURNED IN ORDER TO:  Add your Pharmacy to our Buy Loo  Receive referral of online & Amazo  se complete the following form and fax it to	on custo	mers	RKETING SUPPO	RT)
	<u>NEW ACCOUNT RE</u>	GISTR	ATION FORM		
jer	neral Information:				
	Pharmacy Name:				
	Phone Number:				
	Primary Contact Name:				
յ իչ	/sical Address:	Price	/ Display Info	rmation:	
Address: City:		1. Aquegel's Display Box is pre-priced <i>(suggested)</i> <b>Did you CHANGE Aquegel's Price?</b> YES NO (If "YES", please complete section 2)			
	ate:		se indicate your sell required if #1 is "YES")	ing price:	
Zip Code:		(=)	Formula	Price	
Pharmacy Services: Please check all services you would like to oppear on our Buy Locally Map: Compound Prescriptions Delivery Service Respiratory Service			Original (Blue)		
			Lavender (Purple)		
			Eucalyptus (Green)		
			Zinc (Yellow)		
		3. Where is Aquegel displayed? (Check ALL that apply)			
DME		Prescription Pick-Up/Drop-Off			
Long Term Care Service		Point of Sale			
Other: NOTE: Services will be listed on Buy Locally map as:		Over-The-Counter Section			
"[SERVICE] Options". No details will be provided.		Othe	ır:		
	FORM COMPLETED BY (print):				

PLEASE COMPLETE AND FAX TO: 1-866-895-6751

FOR QUESTIONS CALL: 1-866-223-4838

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