

Directory Listing Order Form

Use this form to order an Enhanced Listing, Preferred Listing, or a Category Sponsorship in the Pharma Marketing Network Vendor Directory. Prices as of 7/03/2007; subject to change without notice.

Option	Description	Fee
<p>Enhanced Listing</p>	<p>An Enhanced Listing subscription provides Enhanced Visibility via the following features:</p> <p>All contact information included: address, phone, email address, URL (plus link), company officers and titles (if available), PLUS</p> <p>Large, bold color font for name (eg, VirSci Corporation)</p> <p>Up to 125-word description</p> <p>Logo (optional; GIF or JPG image; 200 pixels wide x75 pixels high max. dimensions)</p>	<p>\$49.95 per year</p>
<p>Preferred Listing</p>	<p>Includes everything as in Enhanced Listing, PLUS listing information appears at the TOP of listings section and company name appears prominently in large, bold text in a separate "Preferred Vendor" menu at top of page.</p>	<p>\$149.95 per year</p>
<p>Category Sponsorship</p>	<p>Includes everything as in Preferred Listing, PLUS Graphical Ad with link to your Web site at top of Vendor Directory page (category) of your choice.</p>	<p>\$295.00 per year</p>
<p>Duplicate Listing</p>	<p>The standard listing options put you in one vendor category. You can duplicate your listing in a different category or categories for an additional fee. We will contact you about specific categories desired after you place your order and make payment.</p>	<p>Standard Listing Fee Less 25% (see next page)</p>

For more details see: <http://www.pharma-mkting.com/directoryinfo.html>

Please enter required information on the next 2 pages to complete your order...

<i>Option</i>	<i>Quantity Desired</i>	<i>Unit Fee</i>	<i>Total Fee</i>
Enhanced Listing		\$ 49.95	
Duplicate		\$ 37.50	
Preferred Listing		\$149.95	
Duplicate		\$112.50	
Category Sponsorship		\$295.00	
Duplicate		\$224.95	
		TOTAL:	

Check Enclosed (make check drawn against US bank payable to “VirSci Corporation.” Send this form and check to VirSci Corporation, PO Box 760, Newtown, PA 18940)

Please Invoice Me (see next page)

Pay by Credit Card

Credit Card: MasterCard VISA AMEX Discover

Card Number: _____

Name on Card: _____

Billing Address: _____

City: _____ State/Province: _____ Country: _____

Zip/Postal Code: _____

Expiration Date: ____ / ____ (Month/Year)

This is a recurring 1-year subscription. At the end of the term you will receive a renewal notice, which you must approve in order to renew your subscription.

Authorized Signature

1. FAX the completed order form to 215-504-5739 or send completed form to VirSci Corporation, PO Box 760, Newtown, PA 18940.
2. See “STEP 2” at: www.vendors.pharma-mkting.com/VendorOrderStep2.htm or fill out the Word version of the Vendor Directory Data Entry Form

If an invoice is required, please enter required information on the next page to complete your order...

Invoice Option

You may elect to be invoiced. However, your listing is activated only after payment is received. We do not accept checks unless drawn against a US bank in USD (\$)

Invoicing & Contact Information

Name (make invoice to): _____

Contact Person: _____

Address: _____

City/State/Country/Postal Code: _____ / _____ / _____ / _____

Phone: _____ **FAX:** _____

E-mail of contact person: _____

_____ (to authorize invoice)

Authorized Signature

Print Name: _____ Title: _____

Next Steps

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3. See "STEP 2" at: www.vendors.pharma-mkting.com/VendorOrderStep2.htm or fill out the Word version of the Vendor Directory Data Entry Form