

Price List 2009 - MIMS Integrated

To order your MIMS products please complete the following details (Please print)

Name: _____
 Position: _____
 Organisation: _____
 Client ID: _____
 Address: _____
 Postcode: _____
 Occupation/Specialty: _____
 Clinical Software: _____
 Phone: _____
 Mobile: _____
 Fax: _____
 Email*: _____

*EMAIL ADDRESS ESSENTIAL FOR DATA UPDATES

You can place this order by any of the following methods:

Postage: MIMS Australia, 2nd Floor, 1 Chandos Street, St Leonards NSW 2065
 Locked Bag 3000, St Leonards NSW 1590

Fax: (02) 9902 7771

Phone: (02) 9902 7770 or 1800 800 629

Email: clientservices@mims.com.au

Online: www.mims.com.au

EFT:

Account Name: CMPMedica Australia

Account Number: 621057

BSB: 032297

Reference: Client ID number
 (on your renewal notice)

Cheque (made payable to MIMS Australia)

Credit Card:

Bankcard Mastercard Visa Amex
 Diners

Card Holders Name _____

Card Number _____ / _____ / _____ / _____

Expiry Date ____ / ____

Signature _____

• Prices subject to change at anytime

Number of Seats	Print & Electronic*	Electronic*
1	322	239
2	583	416
3	844	593
4	1105	770
5	1366	947
6	1627	1124
7	1888	1301
8	2149	1478
9	2410	1655
10	2671	1832
11	2932	2009
12	3193	2186
13	3454	2363
14	3715	2540
15	3976	2717

* including GST

Subscription includes: MIMS Integrated in your clinical software - print & electronic or electronic only

ELECTRONIC

- MIMS Full Medicines Information
- MIMS Abbreviated Medicines Information
- MIMS Consumer Medicines Information
- MIMS Drug/Drug and MIMS Drug/Allergy Interactions
- MIMS Product Identification Images

PRINT

- MIMS Annual 1:3 seats
- MIMS Bi-Monthly 1:1 seat

CLIENT SERVICE

Should you require assistance or further information please call the MIMS Client Services team on: 1800 800 629 or fax 02 9902 7771

Email: clientservices@mims.com.au

Website: www.mims.com.au

*Email address will be used for internal use only and will not be supplied to third party

Please provide a MIMS licence for _____ seats \$ _____
 (postage and handling inclusive)

Total payable \$ _____



Patient protection every step