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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:	Commercial	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	Visa	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"/> <i>monatlich</i>	<input type="checkbox"/> <i>vierteljährlich</i>	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"/>