

HEPLISAV-B® Purchase Program Enrollment Letter



Type of Customer: <input type="checkbox"/> Acute Care <input type="checkbox"/> Non-Acute Care <input type="checkbox"/> Other _____	
Entity Name (“Customer”): _____	
DEA#: _____	HIN#: _____
Address: _____ _____	Telephone#: _____ Fax#: _____
Primary Contact Name: _____	Primary Contact Email Address: _____
Preferred Primary Distributor: _____	Primary Distributor Account Number: _____
Preferred Secondary Distributor: _____	Secondary Distributor Account Number: _____
Accepted and Agreed:	
Signature: _____	Print Name: _____
Title: _____	Date: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Are there any affiliated acute or non-acute entities that will also purchase under this program? If yes, please submit a list of entities with at least one identifier such as HIN# or DEA# with this Enrollment Letter.	

Customer is interested in purchasing HEPLISAV-B (the “**Product**”) from a Dynavax Technologies Corporation (“**Dynavax**”) Authorized Distributor (“**Authorized Distributor**”) at a twelve percent (12%) discount through the HEPLISAV-B Purchase Program (the “**Program**”). For a list of Authorized Distributors, please call HEPLISAV-B Access Navigator at 1-844-HEPLISAV (1-844-375-4728).

Certain terms and conditions apply to the Program (the “**Terms and Conditions of Sale**”). The Terms and Conditions of Sale are available in the “Ordering” section of the HEPLISAV-B website www.HeplisavB.com. Customer acknowledges reading the Terms and Conditions of Sale and, by completing this Enrollment Letter, agrees that all purchases of HEPLISAV-B through the Program shall be subject to the Terms and Conditions of Sale which are incorporated herein by reference. Customer understands and agrees that Program Purchases are subject to certain state and federal laws and regulations related to discounts offered by manufacturers to customers and that Customer may be required to submit certain price reports to and respond to information requests from various government agencies. Additional information regarding these requirements is contained in the Terms and Conditions of Sale.

Customer represents and warrants that he or she has authority to execute this Enrollment Letter. Upon enrollment in the Program, once the Customer is entered into the Dynavax and the Authorized Distributors purchasing systems, the Customer will be able to purchase the Product at the current Program discount rate. The enrollment process will begin once the Enrollment Letter is completed, signed, and returned to Dynavax Commercial Operations.

If upon review of this Enrollment Letter, Dynavax determines Customer is affiliated with a Group Purchasing Organization with which Dynavax is contracted (“**Dynavax GPO**”), Customer will be eligible to purchase through the Dynavax GPO. If at any time, Customer becomes eligible for pricing through a Dynavax GPO, Customer shall be removed from this Program and shall be eligible for the Dynavax GPO contracted price.

Please complete all sections of this letter, sign in the space provided above, and fax this letter to 1-844-328-5825 or email to: ContractOps@Dynavax.com.