

INFORMATION ABOUT BOX DROP ASSIGNMENT

Pre-packed boxes should be delivered to Nomeco in solid packages. For packaging assignment with several different materials, please forward a detailed instruction.

Should Nomeco manage the packaging before distribution?	Yes	No	If no, please specify weight (Kg) and dimensions (height, width, length) per package to be distributed	
	<input type="checkbox"/>	<input type="checkbox"/>		

Material and package information	Leaflets and product information	Posters	Postcards	Letters	Samples	Medical devices (please describe)	Other (please describe)
Set mark/describe material							
Dimensions (height, width, length)/weight (Kg)							

Do you provide package materials yourself?	Yes	No	If yes, please specify type (Envelopes, bags, tubes, boxes etc.)	
	<input type="checkbox"/>	<input type="checkbox"/>		

Should Nomeco provide you with package materials?	Yes	No	If yes, please specify type (Envelopes, bags, tubes, boxes etc.)	
	<input type="checkbox"/>	<input type="checkbox"/>		

RECIPIENT INFORMATION

For shipments to other than pharmacies (including outlets and subdivisions) and physicians address lists should be forwarded to Nomeco.

Type of recipients	Pharmacies (approx. 245)	Pharmacy outlets & subdivisions (approx. 200)	Hospital pharmacies (approx. 10)	Physicians (approx. 3600)	Other (please describe) Adresslists must be forwarded
Set mark/describe					

Number of delivery addresses	<input type="text"/>	Number of packages per delivery address	<input type="text"/>
------------------------------	----------------------	---	----------------------

PHARMACY AND PHYSICIANS ADDRESS LABELS

Nomeco can help you with address information for Danish pharmacies and physicians.

Do you want Nomeco to produce address labels for pharmacies?	Yes	No	Do you want Nomeco to produce address labels for physicians?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

DELIVERY DATE TO TARGET GROUPS

Are packages/materials intended for use at a specific time by professionals or end users?	Yes	No	If yes, please specify when (day, month, year)	
	<input type="checkbox"/>	<input type="checkbox"/>		

Earliest delivery date to recipients (Day, month, year)	<input type="text"/>	Latest delivery date to recipients (Day, month, year)	<input type="text"/>
---	----------------------	---	----------------------

DELIVERY DATE TO NOMECO

Day, month, year	<input type="text"/>
------------------	----------------------

ADDITIONAL INFORMATION?

Other nice-to-know information regarding materials, packaging distribution or recipients.

DISPATCH YOUR INSTRUCTION TO HCLsales@nomeco.dk

COMPANY / CUSTOMER

Company name	
VAT number	
Customer number (If you are already a Nomeco customer)	
Address	
Contact person	
Phone	
Email	

CONTACT NOMEKO FOR QUESTIONS

Vani Sharma
Key Account Manager – HCL sales

Phone: +45 36 14 22 96
Mobile: +45 29 13 90 44
E-mail: vasha@nomeco.dk

SHIP YOUR PACKAGES AND MATERIALS TO

Nomeco HealthCare Logistics
Idunsvej 3
4600 Køge

The pallets and cartons must be clearly marked
"Box Drop" on all four sides.

Opening hours of goods receipt
Monday – Friday 7:00 – 16:00