



**EXHIBIT D
BUYING GROUP MEMBER DECLARATION FORM**

To comply with the Novavax, Inc. (“Novavax”) single dedication policy, please accept this Buying Group Member Declaration Form (this “Declaration Form”) that:

_____ (“Member”) confirms

Primary Care Alliance, Inc (“Buying Group”) as the Member’s chosen and exclusive buying group for contract eligibility with Novavax. This Declaration Form will remain in effect and on file until Novavax receives written confirmation from Member of any changes to this declaration.

All applicable federal, state and local laws must be adhered to by Member. The undersigned certifies that:

- i. Member, in dispensing Novavax Product(s), is located, licensed, and registered within the United States of America and/or its territories.
- ii. Novavax Product(s) purchased under the Novavax Agreement with Buying Group (the “Novavax Agreement”) are for Member’s "own use" and no Product(s) purchased under the Novavax Agreement may be resold, redistributed, or otherwise transferred to any unrelated retailer, wholesaler, distributor, agent, reseller, or any other unrelated entity or person. Sales and/or redistribution of Novavax’ Product(s) to any other entity, account, or third-party will be a violation of the Novavax Agreement and, in addition to pursuing any other remedies that Novavax may have available at law or equity, Novavax may terminate Member’s right to purchase Product(s) and/or receive the benefits of the Member offering under the Novavax Agreement.

Please check the box which best describes your facility:

- Clinic
- Oncology Center
- Long Term Care (sales of Product(s) purchased are limited to licensed nursing homes, approved correctional authorized Members and other long-term care authorized Members for their own use)
- Physician Practitioner
- Surgery Center/Freestanding Surgical Facility
- HMO Facility
- Rehabilitation Facility
- Home Health/Hospice
- Other _____

Member Signature and Date:	Member Practice Name:
Printed Name:	Address:
Title:	City, State, ZIP:
Phone:	DEA or HIN for address above:
Email:	

Please return completed forms to: **Membership@Novavax.com**

This Declaration Form contains confidential and sensitive information. **Membership will be effective ten (10) days from the receipt date of this Declaration Form by Novavax.** All Members are subject to the approval of Novavax.