EXHIBIT D.1
MEMBER DECLARATION FORM

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

_____
[Member]

confirms Children's Practicing Pediatricians 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 its membership with the Buying Group.

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

i. Members that dispense Novavax Product(s) are located, licensed, and registered within the United States of America and its territories.

ii. Novavax Product(s) purchased under a Novavax Agreement with the Buying Group are for Member's "own use" and no Product(s) purchased under a Novavax Agreement with the Buying Group may be commercially resold or redistributed to any other entity or person. Sales and/or redistribution of Novavax' Product(s) to any other entity, account, or third-party will be a violation of such Agreement between Novavax and Buying Group and, in addition to pursuing any other remedies that Novavax may have available at law or equity, Novavax may terminate Members' rights to purchase Products and/or receive the benefits of the Member offering under the Agreement.

Please check the box which best describes your facility:

- ☐ Clinic
- ☐ Physician Practitioner
- ☐ HMO Facility
- ☐ Home Health/Hospice
- ☐ Oncology Center
- ☐ Surgery Center/Freestanding Surgical Facility
- ☐ Rehabilitation Facility
- ☐ Long Term Care (sales of products purchased are limited to licensed nursing homes, approved correctional Authorized Members and other long-term care Authorized Members for their own use)
- ☐ 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 Member Declaration Form contains confidential and sensitive information.
This Member Declaration Form will be effective ten (10) days from the receipt date by Novavax.
All Members are subject to the approval of Novavax.