



Surgical Technology - Program Order Form

To process your order the following information is needed.

Contact Person		
Phone Number		
Billing Address		
Shipping Address		
Payment Information – Payments accepted: Purchase Orders, Discover, MasterCard and Visa		
P.O. Number		
Credit Card Information		
Credit Card Type	<input type="radio"/> Discover <input type="radio"/> MasterCard <input type="radio"/> Visa	
Name on Card		
Card Number		
Expiration Date / CVV Code		
Mailing Address for Credit Card Statements (if different than billing address)		
For Program Initial Purchase the following information is needed to set up your system.		
Program Name		
Program Accreditation Number (if applicable)		
Time Zone	<input type="radio"/> Eastern <input type="radio"/> Central <input type="radio"/> Mountain <input type="radio"/> Pacific <input type="radio"/> _____	
Program URL	www.	
Degree	<input type="radio"/> Certificate <input type="radio"/> Associate <input type="radio"/> Baccalaureate	
Program Director Name		
Program Director Email		
Clinical Coordinator Name		
Clinical Coordinator Email		
Items for Purchase		
Surgical Technology Program Fee	Yearly Service Fee \$300.00	
Surgical Technology Student License (1 per student @\$50.00 each)	# of Student Licenses _____ x \$50.00	
	Total Purchase Price	

Please email, fax or mail orders to one of the following:

Email: orders@dataarc.ws

Mail: DataArc, LLC
 2951 Marina Bay Dr. 130-355
 League City, TX 77573

Fax: (281)538-8972
 Phone Number: (866)328-2552
 DataArc, LLC Tax ID: 76-0653886

Thank you for your order and we look forward to continuing your services