



# Surgical Technology - Program Order Form

To process your order the following information is needed.

Contact Person		
Phone Number		
Billing Address		
<b>Payment Information</b> - Payments accepted: Purchase Orders, Discover, MasterCard and Visa		
P.O. Number		
<b>Credit Card Information</b>		
Credit Card Type	<input type="radio"/> Discover <input type="radio"/> MasterCard <input type="radio"/> Visa	
Name on Card		
Card Number		
Expiration Date		
CVV		
Billing Zip Code		
Mailing Address for Credit Card Statements (if different than billing address)		
<b>For Program Initial Purchase the following information is needed to set up your system.</b>		
Program Name		
Program Accreditation Number		
Time Zone	<input type="radio"/> Eastern <input type="radio"/> Central <input type="radio"/> Mountain <input type="radio"/> Pacific <input type="radio"/> _____	
Program URL	www. _____	
Program Director Name		
Program Director Email		
Dir. Of Clinical Education Name		
Dir. Of Clinical Education Email		
Cohort Name		
Student License (1 per student @\$60.00 each)	# of Student Licenses _____ x 60.00	Total:

Please email or mail orders to one of the following:

**Email:** [orders@dataarc.ws](mailto:orders@dataarc.ws)

**Mail:** DataArc, LLC  
 6608 Gulf Freeway South  
 Suite 600 #176  
 La Marque, TX 77568  
 Phone Number: 866-328-2552

Thank you for your order.