



# Respiratory Care - Program Order Form

To process your order the following information is needed.

Contact Person		
Phone Number		
Billing Address		
Shipping 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"/> Master Card <input type="radio"/> Visa	
Name on Card		
Card Number		
Expiration Date		
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 Purchase	<input type="radio"/> Both <input type="radio"/> Clinical Tracking <input type="radio"/> Surveys	
Program URL	www. _____	
Degree	<input type="radio"/> Associate <input type="radio"/> Baccalaureate	
Program of Study	<input type="radio"/> Entry Level <input type="radio"/> Advanced Practitioner	
Program Director Name		
Program Director Email		
Dir. of Clinical Education Name		
Dir. of Clinical Education Email		
<b>Items for Purchase</b>		
Respiratory Care Surveys (only)	Yearly Service Fee \$300.00	
Respiratory Care Program Fee	Yearly Service Fee \$400.00	
Respiratory Care Student License (1 per student @\$60.00 each)	# of Student Licenses _____ x 60.00	
	UPS Shipping and Handling (1-25 CD's \$10.00; 26-50 CD's \$15.00)	
	<b>Total Purchase Price</b>	

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

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