



ACADEMIC NEW LICENSE ORDER FORM

FAX To: 208.292.3420

Name: _____

School Name: _____

Shipping Address (No PO Boxes): _____

City: _____ State/Country: _____ Zip/Postal Code: _____

Telephone: _____

Email *(required for online video access)*: _____

ACADEMIC PRODUCT OPTIONS	QTY	X2 + 1 ST YEAR SSA	TOTAL
1 Seat Academic License – Includes 1 st Year SSA (Electronic Download)		\$ 359	\$
5 Seat Academic Lab Pack – Includes 1 st Year SSA		\$ 1,495	\$
10 Seat Academic Lab Pack – Includes 1 st Year SSA		\$ 2,495	\$
15 Seat Academic Lab Pack – Includes 1 st Year SSA		\$ 3,495	\$
20 Seat Academic Lab Pack – Includes 1 st Year SSA		\$ 4,495	\$
25 Seat Academic Lab Pack – Includes 1 st Year SSA		\$ 4,995	\$
30 Seat Academic Lab Pack – Includes 1 st Year SSA		\$ 5,495	\$
35 Seat Academic Lab Pack – Includes 1 st Year SSA		\$ 5,995	\$
50 Seat Academic Lab Pack – Includes 1 st Year SSA		\$ 6,995	\$

SUPPORT & SOFTWARE ASSURANCE (SSA)

Chief Architect now offers Support & Software Assurance (SSA) on an annual basis. With Support & Software Assurance you receive the following benefits for the duration of 1 year:

- Priority Technical Support Access
- New Releases, Updates and Major Upgrades
- Online Access to Video Training Tutorials
- Free Access to Premium Download Catalogs
- Free or Discounted Training Seminars

SSA is optional meaning that if you do not renew SSA after the one year coverage period, the software will still function; however, the benefits listed above will not be available.

SHIPPING & HANDLING –	
1 Seat Academic License (Download)	\$ FREE
Academic Lab pack, Standard Shipping – \$20	\$
Idaho Residents Please Add 6% Tax	\$
TOTAL	\$



IMPORTANT: Please submit a copy of a Purchase Order (P.O.) along with this completed order form. If NOT using a P.O., the purchase must be made using a credit card or check which bears the name of the educational institution, accompanied by a letter from the administration affirming that this software license will be used exclusively for educational purposes.

METHOD OF PAYMENT

Check # _____ Purchase Order # _____
 Visa Discover MasterCard
 Card #: _____ - _____ - _____ - _____
 Security Code: _____ Exp. Date: _____ / _____
 Card Holder Name: _____
 Billing Address (if different from above): _____

SIGN HERE: *x* _____
CREDIT CARD AUTHORIZATION