

Name: _____

School Name: _____

Shipping Address (No PO Boxes): _____

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

Telephone: _____ Serial #(s) to upgrade: _____

Email (required for online video access): _____

Upgrade pricing only available for Chief Architect Version 9 and Later

ACADEMIC UPGRADES – VERSION 9 AND LATER	QTY	X2 + 1 YEAR SSA	TOTAL
1 Seat Upgrade – Includes 1 Year SSA (Electronic Download)		\$ 249	\$
5 Seat Lab Pack Upgrade – Includes 1 Year SSA		\$ 595	\$
10 Seat Lab Pack Upgrade – Includes 1 Year SSA		\$ 995	\$
15 Seat Lab Pack Upgrade – Includes 1 Year SSA		\$ 1,295	\$
20 Seat Lab Pack Upgrade – Includes 1 Year SSA		\$ 1,695	\$
25 Seat Lab Pack Upgrade – Includes 1 Year SSA		\$ 1,995	\$
30 Seat Lab Pack Upgrade – Includes 1 Year SSA		\$ 2,195	\$
35 Seat Lab Pack Upgrade – Includes 1 Year SSA		\$ 2,395	\$
50 Seat Lab Pack Upgrade – Includes 1 Year SSA		\$ 2,995	\$

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 – ALL ORDERS SHIPPED VIA FEDEX

1 Seat Upgrade (Download)	\$ FREE
Academic Lab Pack, Standard Shipping – \$20	\$
Idaho Residents Please Add 6% Tax	\$



IMPORTANT:

TOTAL

\$

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