



(If you received this document as a PDF file, the completed form can be saved using [PDFCreator](#).)

STUDENT INFORMATION

FIRST/GIVEN NAME		MIDDLE	LAST/SURNAME	
ADDRESS 1				
ADDRESS 2				
CITY/TOWN			STATE/COUNTRY	ZIP/POSTAL CODE
PHONE	EMAIL/FAX		USERNAME	
EMPLOYER				

BILLING INFORMATION *(If paying by credit card, the address below should be where your monthly statement is sent.)*

PRICE <i>(Select one.)</i> <input type="checkbox"/> Commercial <i>(For-profit)</i> <input type="checkbox"/> Non-profit <input type="checkbox"/> Other: _____ <i>(See the site license webpage for prices.)</i>		PRICE PRICE PRICE			PAYMENT METHOD <i>(Select one.)</i> <input type="checkbox"/> Check <i>(Pay to the order of "Bioinformatics Org., Inc.")</i> <input type="checkbox"/> Credit card <i>(Visa/MC/AmEx)</i> <input type="checkbox"/> Purchase order <i>(A PO must be accompanied by an official company document.)</i>									
		<table border="1"> <tr> <td colspan="3">CARD No.</td> </tr> <tr> <td>BRAND</td> <td>EXPIRATION DATE</td> <td>SECURITY CODE</td> </tr> <tr> <td colspan="3">PO No.</td> </tr> </table>				CARD No.			BRAND	EXPIRATION DATE	SECURITY CODE	PO No.		
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PHONE		EMAIL/FAX												

Please send this document along with a check or commercial purchase order to:

*Bioinformatics Org., Inc.
17 Pope Street
Hudson, MA 01749
USA*

If not paying by check, you may email this document to:

edu@bioinformatics.org