



Order Form

Bill to:

School / Institution: _____ Order Date: _____
Address: _____ City, State, Zip: _____
Billing Contact: _____ Billing Contact Phone #: _____
Billing Contact Email: _____ Athletic Trainer(s) Name: _____
Athletic Trainer(s) Phone #: _____ Athletic Trainer(s) Email: _____

Please select yearly subscription rate per institution:

- 1-5 users \$399
- 5-10 users \$499
- 10-15 users \$599
- 15-20 users \$699
- 20+ users Please contact us for pricing

Sales Tax or Tax Exempt # _____

Price includes all ATGenius™ modules including the SOAP Notes, Concussion Evaluation, Treatment Sign-in and Athlete / Parent Portal.

Purchase Order # _____ (please send PO copy)

Credit Card

Card Type: Visa Mastercard American Express Discover Card
Card #: _____
Card Holder: _____
Exp. Date: _____
Security Code: _____

Please send order and payment information to:

BWCWeb
c/o ATGenius
326 Westwood Drive
West Deptford, NJ 08096
Fax: 856-881-7654
Email: sales@atgenius.com

Please check if you do NOT want us to add your institution to our website and promotional materials 'user's list.'

Thank you for your order!