



Office Address
 510 Marquette Avenue S. 3rd Floor
 Minneapolis, MN 55402
 Voice: (734) 580-2000

Remittance Only Address
 62562 Collection Center Drive
 Chicago, IL 60693-0625

Software Order Form

Sales Rep _____ Angela Brooks
Phone _____ 978-639-3540
Email _____ angela.brooks@medhub.com
Proposal Date _____
Due Date _____ **6/1/2024**

Organization Name _____ McLennan Community College
Contact _____ Glynnis Gaines
Email _____ ggaines@mcclennan.edu
Billing Address _____ 1400 College Drive
City, State, Zip _____ Waco, TX 76708
Phone _____ 254-299-8306
Tax ID # _____

Service Start Date _____ July 1, 2024
Service End Date _____ August 30, 2025
Service Term _____ Other
Billing Method _____ Annually
Billing Type _____ Net 30
PO required _____
PO Number _____

Up to Qty	Type of Program	Product	Type of User	Description	Additional Notes	Per Unit Fee	First Year Fees
231	Allied Health	eValue	Student	Annual Subscription Fee Per Authorized User	**Term Change to align with fiscal year of September 1st**	\$160.00	\$36,960.00
100	UG Nursing	eValue	Student	Annual Subscription Fee Per Authorized User	**Term Change to align with fiscal year of September 1st**	\$160.00	\$16,000.00
Subtotal							\$52,960.00
<i>Total First Year Fee</i>							\$52,960.00
Total Contract Value							\$52,960.00

Access for Faculty/Physician, Administrator and/or Preceptors are include unless otherwise noted.

Authorization Signatures:

Customer Signature:

Name: _____
 (Please print/type)

Signature: _____
 (Authorized Representative of Customer)

Date: _____

MedHub Only:

Name: _____ **Michael F. DeSimone**
 (Please print/type)

Signature: _____ *Michael F. DeSimone*
 (Authorized Representative of MedHub)

Date: _____ **2/15/2024**