REQUEST FORM FOR INSTITUTIONAL USERS

|  |  |
| --- | --- |
| Distributor:  *Name, Address and Contact point to notify once account is set up* |  |
| Date: |  |
| Account No.: |  |

Customer Name and Address:

|  |  |
| --- | --- |
| Institution: |  |
| Address: |  |
| City: |  |
| Country: |  |
| Postal Code: |  |
| Contact Person: |  |
| Position in Institution : |  |
| Phone: |  |
| Fax: |  |
| E-Mail: |  |

Desired subscription:

|  |  |  |
| --- | --- | --- |
| Item | Years | Period |
| (Online Publications) |  |  |

|  |
| --- |
| How many unique physical locations are applying for access under this agreement? (If more than one physical location, please include or attach full postal details for each location) |
| Are they connected via a Wide Area Network (WAN)?  Yes:  No: |
| How many computer terminals will be included under this license agreement? |
| How many FTEs/researchers/students etc. will have access under this agreement? |

Please list IP address/range:

|  |  |
| --- | --- |
| IP range | Name of Institution  (if different from institution above) |
| - - - to - - - |  |
| - - - to - - - |  |
| - - - to - - - |  |
| - - - to - - - |  |
| - - - to - - - |  |
| - - - to - - - |  |

|  |
| --- |
| Do you use a proxy server?  Yes: ☐ No: ☐  If yes, please provide the IP address of this proxy server: |
| Does your institution use Open Athens or Shibboleth?  Yes: ☐ No: ☐  If yes, please identify, using a separate page if necessary:  If yes, please provide your institution’s   * Open Athens ID: * Shibboleth iD: |
|  |

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and complete in its reporting of the present status of the requesting party’s network. In

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