ACM
MLNC Members Order Form

Library Information

Institution Name: _____

Mailing Address: _____

_____

City _____State _____ Zip _____

☐ 4 year Academic ☐ Public Library FTE:_____

☐ 2 year Academic ☐ K12 Pop. Served: _____

Contact Information

Primary Contact: _____ Email: ____ _____

Telephone: _____ Fax: _____

Technical Contact: _____ Email:_____

Telephone: _____ Fax: _____

Subscription Information

IP Addresses/Ranges:

I understand my institution will be invoiced _____ (fill in calculated total) for the database(s) ordered above.

_____

Authorized Signature/Title Date

Return to MLNC via Mail or Fax

Missouri Library Network Corporation
13610 Barrett Office Drive, Suite 206, Ballwin, MO 63021
phone: 800-969-6562 • fax: 314-394-1326

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