

# Cambridge Online 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: \_\_\_\_\_

IP Addresses/Ranges:

**Please list the databases to which you wish to subscribe:**

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

\_\_\_\_\_  
Authorized Signature/Title

\_\_\_\_\_  
Date

**Return to Asia Gross via mail or fax.**

Missouri Library Network Corporation  
8045 Big Bend Blvd., Suite 202, St. Louis, MO 63119-2714  
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