

**ABC-Clio/Greenwood  
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:  
\_\_\_\_\_  
\_\_\_\_\_

***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