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**On behalf of the Institution**

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Authorized signature: ________________________________

Print name: ________________________________

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Date: ________________________________
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Name ____________________________________________________________

Title ____________________________________________________________

Postal Address __________________________________________________

Email Address ____________________________________________________

Phone __________________________________________________________

Fax _____________________________________________________________

Subscription Agent (if applicable)

Subscription Agent Handling Billing ________________________________

Agency Contact Person __________________________________________

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<th>Site Location (City, State or Province)</th>
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