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Print name: ______________________________________________________________

Print title: __________________________________________________________________

Date: ______________________________________________________________________
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Name ________________________________________________________________
Title ________________________________________________________________
Postal Address _______________________________________________________
Email Address _______________________________________________________
Phone ______________________________________________________________
Fax _________________________________________________________________

**Subscription Agent (if applicable)**
Subscription Agent Handling Billing _______________________________________
Agency Contact Person ________________________________________________

**Authorized Sites**
Please list below the locations and IP addresses or Athens IDs of each site for this institution. To use Shibboleth authentication or to add more locations, email sitelicense@acponline.org.

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