

2009-2010 EBSCO FULLTEXT LIBRARY INFORMATION FORM

Please complete the following and return this form to the SJRLC

10 Foster Ave. - Suite F3 Gibbsboro, NJ 08026 Phone: (856) 346-1222 Fax: (856) 346-2839

NOTE: Those who currently have access to EBSCO do not need to submit this form. Access will automatically continue.

Library Site :		
Address :		
City, State, Zipcode:		
Library Contact Name:		Title:
Phone with ext:	Summer # (for schools):	FAX:
Email:		
BILL TO: (If different from above):		
Address:		
City, State, Zipcode		
Billing Contact Name:		Phone:
Does your library access the Internet through: <input type="checkbox"/> a modem/individual dial-up connection <input type="checkbox"/> a network: Provide your IP address or range:_____		
<b>In order to participate in the NJ RLC FULL TEXT project, you must agree to comply with these State Library and vendor requirements:</b>		
<ol style="list-style-type: none"> <li>Any brochures, flyers, press releases, homepage announcements, etc. publicizing full text database access shall indicate that this service was partially funded by the South Jersey Regional Library Cooperative (SJRLC) a state tax funded service of the New Jersey Library Network.</li> <li>You are authorized to provide access to many full text databases onsite to your staff and walk-in users, and to your patrons offsite through remote access, provided that procedures are undertaken to authenticate library users and prevent access by individuals or institutions that are not parties to this license agreement.</li> </ol>		
The _____ Library agrees to the conditions outlined above.		
Signature, Title:		Date: