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PROVINCE / TERRITORY	INTERNATIONAL POSTAL CODE	
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SECONDARY ADMINISTRATOR E-MAIL ADDRESS		

Bill to Address (if other than above) (please print or type)

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STREET ADDRESS		
CITY	STATE	ZIP CODE
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* Required information

For Questions on filling out this form, contact the NTIS Subscriptions Department:

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Annual Subscription Rate **SUB5491**

FTE	Up to 3,000	\$2,100
FTE	3,001 - 10,000	\$5,500
FTE	10,001 - 18,000	\$8,100
FTE	18,001 - 28,000	\$11,200
Greater than 28,000 FTE, please call for Special Pricing.		

Prices subject to change.

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FULL TIME EQUIVALENT (FTE)

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 Yes No

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VISA MasterCard American Express Discover

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CARDHOLDER'S SIGNATURE	

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START IP NUMBER	END IP NUMBER	MAXIMUM CONCURRENT	PROXY IP
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach IP Address list, if needed.

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Thank you for your Order!