

## Subscription Dates

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

## Access Information

Authorize access from the following Class "B" Internet Protocol (IP) Address:

\_\_\_\_\_ . \_\_\_\_\_ . XXXX . XXXX  
\_\_\_\_\_ . \_\_\_\_\_ . XXXX . XXXX  
\_\_\_\_\_ . \_\_\_\_\_ . XXXX . XXXX  
\_\_\_\_\_ . \_\_\_\_\_ . XXXX . XXXX  
\_\_\_\_\_ . \_\_\_\_\_ . XXXX . XXXX

Please note for institution wide access, IP's are required for authentication.

*(If you do not know the IP Address for the workstations/server you plan to authorize, please contact your technical services department or network administrator.)*

## Subscription Type

- Academic; include FTE: \_\_\_\_\_
- Government Agency
- Corporation
- Research Center (Medical)
- Hospital

## Authorization

Terms and conditions governing use of RefWorks are set forth at [www.refworks.com/termsConditions.asp](http://www.refworks.com/termsConditions.asp). By signing below, Customer agrees to be bound by the appropriate terms and conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

## Subscriber Information

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Organization

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CSA Account #

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Fax Number

\_\_\_\_\_

E-Mail

\_\_\_\_\_

Technical Contact

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Email

\_\_\_\_\_