

ACADIA UNIVERSITY

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IN WITNESS WHEREOF, the parties have executed this Agreement by their respective, duly authorized representatives as of the date first above written.

LICENSOR

LICENSEE

The Governors of Acadia University

Signature: _____

Signature _____

Printed Name: Sara Lochhead

Printed Name: _____

Title: Vice-President, Enrolment &
Student Services
University Librarian

Title: _____

Date: _____

Date: _____

NOTE: This Agreement should be signed by the appropriate signing officer at your institution and faxed back to Acadia's License Administrator at: 902-585-1094.

Contact Information for Representatives of Parties to the Agreement

List all addresses for the Licensee:

License Administrator (Licensee):

Name: _____

Title: _____

Institution: _____

Address: _____

Telephone: _____

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Licensee's Technical Contact:

Name: _____

Title: _____

Institution: _____

Address: _____

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License Administrator (Licensor):

Name: Sara Lochhead

Title: Vice-President, Enrolment & Student Services
University Librarian

Institution: Acadia University

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Telephone: 902-585-1510

Fax: 902-585-1094

Email: sara.lochhead@acadiau.ca

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