

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: Dr. Robert Perrins

Printed Name: _____

Title: Acting University Librarian

Title: _____

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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 or be scanned and emailed to ann.smith@acadiau.ca

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List all addresses for the Licensee:

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Title: _____

Institution: _____

Address: _____

Telephone: _____

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Name: _____

Title: _____

Institution: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

License Administrator (Licensor):

Name: Ann Smith

Title: Head, Research Services

Institution: Acadia University

Address: Vaughan Memorial Library, 50 Acadia Street, Wolfville, NS B4P 2R6

Telephone: 902-585-1378

Fax: 902-585-1094

Email: ann.smith@acadiau.ca

Licensor's Technical Contact:

Name: same as above

Title:

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Address:

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