

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@acadiu.ca

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List all addresses for the Licensee:

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