

**NATIONAL TECHNICAL
REPORTS LIBRARY
INSTITUTIONAL IP ACCOUNT
REGISTRATION FORM**

Administrator Information* (please print or type)

CUSTOMER MASTER NUMBER (IF KNOWN) _____ DATE _____

PRIMARY ADMINISTRATOR NAME _____

ORGANIZATION _____ DIVISION / ROOM NUMBER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PROVINCE / TERRITORY _____ INTERNATIONAL POSTAL CODE _____

COUNTRY _____

PHONE NUMBER _____ FAX _____

PRIMARY ADMINISTRATOR E-MAIL _____

SECONDARY ADMINISTRATOR NAME _____ PHONE _____

SECONDARY ADMINISTRATOR E-MAIL _____

BILLING ADDRESS (if other than above) (please print or type)

CUSTOMER MASTER NUMBER (IF KNOWN) _____ DATE _____

NAME _____

ORGANIZATION _____ DIVISION / ROOM NUMBER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PROVINCE / TERRITORY _____ INTERNATIONAL POSTAL CODE _____

COUNTRY _____

PHONE NUMBER _____ FAX _____

E-MAIL _____

OTHER CONTACT NAME _____ OTHER CONTACT PHONE _____

AGENCY LOCATION CODE (ALC)** _____ TREASURY ACCOUNTING SYMBOL (TAS)** _____

NATIONAL TECHNICAL REPORTS LIBRARY INSTITUTIONAL IP ACCOUNT REGISTRATION FORM

NTRL 2014 Price Table

Effective October 1, 2014

	NTRL (U.S.)	NTRL (Foreign)
Institutional IP Access Up to 49 IP Addresses Annual Subscription	\$1,000	\$1,500
From 50 to 2999 IP Addresses Annual Subscription	\$2,000	\$3,000
From 3,000 to 9,999 IP Addresses Annual Subscription	\$3,000	\$4,500
From 10,000 to 20,000 IP Addresses Annual Subscription	\$4,000	\$6,000
Greater than 20,000 IP Addresses	Call for Price Quote	Call for Price Quote

NTRL Account Information* (please print or type)

ORGANIZATION TYPE Academic Corporate Government Non-profit

METHOD OF PAYMENT (please print or type) *Prepayment Required

DO NOT ENTER YOUR CREDIT CARD NUMBER or DEPOSIT ACCOUNT NUMBER on this order form if you are faxing or emailing your order. To pay by credit card (MasterCard, VISA, American Express, Discover) or NTIS deposit account, please send the order and then call the NTIS Subscriptions Department.

Check / Money Order enclosed for \$ _____
(PAYABLE TO NTIS IN U.S. DOLLARS)

Checks will be converted into an electronic fund transfer, see <http://www.ntis.gov/help/eft.aspx>.

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

8:30 a.m.–5:00 p.m., Eastern Time, M–F
Phone: 1-800-363-2068 or (703) 605-6060
FAX: (703) 605-6880 (24 hours/7 days a week)
E-mail: subscriptions@ntis.gov

Send this completed form to:

National Technical Information Service
Subscriptions Department
5301 Shawnee Road,
Alexandria, VA 22312

Account IP Access* (client must provide)

Start IP Number	End IP Number	Total in Range	Proxy IP	
			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 <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"/>

Please attach IP Address list, if needed.

