



# National Technical Reports Library IP Subscription Access 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 NUMBER	
PRIMARY ADMINISTRATOR E-MAIL ADDRESS		
SECONDARY ADMINISTRATOR NAME	PHONE NUMBER	
SECONDARY ADMINISTRATOR E-MAIL ADDRESS		

## Bill to Address (if other than above) (please print or type)

CUSTOMER MASTER NUMBER (IF KNOWN)		DATE
ATTENTION / NAME		
ORGANIZATION	DIVISION / ROOM NUMBER	
STREET ADDRESS		
CITY	STATE	ZIP CODE
PROVINCE / TERRITORY	INTERNATIONAL POSTAL CODE	
COUNTRY		
PHONE NUMBER	FAX NUMBER	
E-MAIL ADDRESS		
OTHER CONTACT NAME	PHONE NUMBER	
OTHER CONTACT E-MAIL ADDRESS		

\* Required information

***Thank you for your Subscription!***

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

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 E-mail: [subscriptions@ntis.gov](mailto:subscriptions@ntis.gov)

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## Annual Subscription Rate **SUB5491**

FTE	Up to 3,000	\$2,100
FTE	3,001 - 10,000	\$5,500
FTE	10,001 - 18,000	\$8,100
FTE	18,001 - 28,000	\$11,200
Greater than 28,000 FTE, please call for Special Pricing.		

**Prices subject to change.**

## NTRL Account Information\* (please print or type)

FULL TIME EQUIVALENT (FTE)

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ORGANIZATION TYPE (PICK ONE)

Academic     Corporate     Government / Non-profit

**Association/Consortia Affiliation** (if applicable)

**Payment Enclosed \$ \_\_\_\_\_**

## Method Of Payment\* **PREPAYMENT REQUIRED** (please print or type)

VISA     MasterCard     American Express     Discover

CREDIT CARD NUMBER	EXPIRATION DATE
CARDHOLDER'S NAME	
CARDHOLDER'S SIGNATURE	

NTIS Deposit Account Number:

Check/Money Order enclosed PAYABLE TO NTIS IN U.S. DOLLARS

Your check will be converted into an electronic fund transfer, see <http://www.ntis.gov/help/efit.aspx> for details.

## Account IP Access\* (client must provide)

START IP NUMBER	END IP NUMBER	MAXIMUM CONCURRENT	PROXY IP
			<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

Please attach IP Address list, if needed.

**Send this completed form and a signed copy of the NTRL Terms and Conditions to:**

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