

Library Contacts:

University / Library Name:

Address:

Library URL:

Library FTE :

(please note, our pricing is not based on FTE - this is for our reference only)

Requested Trial Start Date:

Main Trial Contact:

Name:

Position:

Email Address:

Phone Number:

Other Trial Librarians:

Name:

Email Address:

Name:

Email Address:

Name:

Email Address:

Name:

Email Address:

Name:

Email Address:

Name:

Email Address:

Name:

Email Address:

Name:

Email Address:

Trial Set-up Information:

- Would you like the download function on or off for ebooks during your trial?

- Content preference - identify any special areas of interest:

- What Operating System (Windows 2000/XP, Mac OSX, Linux etc.) and Web Browser (Internet Explorer 5.5/6.0, Netscape 6.0, etc.) do you use in your library?

- What version of Adobe Reader is installed on your library computers?

➤ How do you currently authenticate your external patrons for electronic resources?

➤ Can you validate IP ranges? (yes or no) :

(Can all users, both Internal & External, be directed through a single IP address or a set of IP addresses?)

➤ Do you use a proxy server? (yes or no) :

➤ If so, which one?

➤ IP ranges for inclusion in IP validation:

Authentication for your EBL trial will be managed by IP range and password log-in. Please provide a list of IP information below or send as an attachment. For a single IP address, fill in the first IP address and for a range of IP addresses, enter the start and the finish of the range.

Example:

IP Identifier: <if specified - i.e. 'Medical Library', or 'external')

IP =xxx.xxx.xxx.xx

xxx.xxx.xxx.xx (this one used for a range of IP addresses)

IP Range Identifier:

IP =

IP =

IP Range Identifier:

IP =

IP =

IP Range Identifier:

IP =

IP =

IP Range Identifier:

IP =

IP =

➤ Any special instructions or requests for your trial?