

#1

Campus Signature Form

Agreement number **01C34134**

SGN- 000-lorihorn-E1278

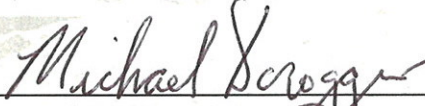
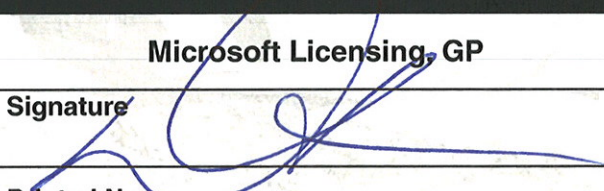
Microsoft to complete

Note: Enter the applicable active numbers associated with the documents below. Microsoft requires the associated active number be indicated here, or listed below as new.

This signature form and all contract documents identified in the table below are entered into between the Institution and the Microsoft Affiliate signing, as of the effective date identified below.

Contract Document	Number or Code
Campus and School Agreement	X20-00394
Campus Enrollment	X20-00401
<Choose One>	Document Number or Code
<Choose One>	Document Number or Code
Discount Amendment - New Agreement	CTM-000-lorihorn-E1278
Consortia Amendment	G20-000-lorihorn-E1279
Campus Subscription Participant Form	None
Document Description	Document Number or Code
Document Description	Document Number or Code

By signing below, Institution and the Microsoft Affiliate agree that both parties (1) have received, read and understand the above contract documents, including any website or documents incorporated by reference and any amendments and (2) agree to be bound by the terms of all such documents.

Institution	Microsoft Affiliate
Name of Entity * The Washington State Board for Community and Technical Colleges	Microsoft Licensing, GP
Signature * 	Signature 
Printed Name * MICHAEL SCROGGINS	Printed Name Deborah Moravec
Printed Title * DEPUTY EXECUTIVE DIRECTOR FOR INFORMATION AND TECHNOLOGY	Printed Title Program Manager, Compliance
Signature Date * 5/27/2009	Signature Date JUN 19 2009 <small>(date Microsoft affiliate countersigns)</small>
Tax ID	Effective Date 7-1-2009 <small>(may be different than our signature date)</small>

* indicates required field

Optional 2nd Institution signature (if applicable)

<i>Institution</i>
Name of Entity *
Signature * _____
Printed Name *
Printed Title *
Signature Date *

If Institutions requires physical media, additional contacts, or is reporting multiple previous Enrollments, include the appropriate form(s) with this signature form. If no media form is included, no physical media will be sent.

After this signature form is signed by the Institution, send it and the Contract Documents to Institution's channel partner or Microsoft account manager, who must submit them to the following address. When the signature form is fully executed by Microsoft, Institution will receive a confirmation copy.

Microsoft Licensing, GP

Dept. 551, Volume Licensing
6100 Neil Road, Suite 210
Reno, Nevada 89511-1137
USA

Prepared By: Lori Horn

Campus Subscription Enrollment

Campus & School Agreement number
(Microsoft Affiliate or Reseller to complete)

OC 34134

Previous Subscription Enrollment Number
(if applicable)
(Reseller to complete)

Subscription Enrollment number
(Microsoft Affiliate to complete)

SEE ATTACHED LIST

This Enrollment must be attached to a signature form to be valid.

The Campus Subscription program gives Institution the right, during the Licensed Period, to have Institution and Institution's Users run Microsoft software during the Licensed Period. Institution's Users must consist of all teachers, staff, administrators, and students who have access to PCs. Institution is not required to count members of the public who access PCs that remain in Institution's open access lab(s) or libraries. Institution may not permit remote access to software installed on open access PCs. Institution may choose to enroll entire Institution, or Institution may enroll only specific departments. Departments must be for educational purposes.

Non-exclusivity. This Enrollment is non-exclusive. Nothing contained in it requires Institution to license, use, or promote Microsoft software or services exclusively. Institution may enter into agreements with other parties to license, use, or promote non-Microsoft software or services.

Definitions. All terms used but not defined in this Enrollment are located at <http://microsoft.com/licensing/contracts>.

1. Contact information.

Each party will notify the other in writing if any of the information in the following contact information page(s) changes. The * indicates required fields. Microsoft may disclose contact information as necessary to administer this Enrollment

a. Primary contact information. The Institution signing this Enrollment must identify an individual from inside its organization to serve as the primary contact. This contact is also the default online administrator for this Enrollment and will receive all notices unless Institution provides Microsoft written notice of a change. The online administrator may appoint other administrators and grant others access to online information.

Name of entity (must be legal entity name)* The Washington State Board for Community and Technical Colleges
Contact name* First Karen , Last Abels
Contact email* kabels@sbctc.edu
Street address* 3101 Northup Way
City* Bellevue, State/Province* WA Postal code* 98004
Country* USA
Phone* 425-803-9757 Fax
Tax ID

b. Notices and online access contact information. Complete this only if Institution wants to designate a notices and online contact different than the primary contact. This contact will become the default online administrator for this Enrollment and receive all notices. This contact may appoint other administrators and grant others access to online information.

Same as primary contact

Name of entity*
Contact name* First , Last
Contact email*
Street address*
City* , State/Province* Postal code*
Country*
Phone* Fax

This contact is a third party (not the Institution)

Warning: This contact receives personally identifiable information of the Institution.

- c. Online services administrator.** This person will receive communications concerning registration for online services ordered under this Enrollment.

Name of entity* The Washington State Board for Community and Technical Colleges
Contact name* First Karen Last Abels
Contact email* kabels@sbctc.edu
Street address* 101 Northup Way
City* Bellevue, State/Province* WA Postal code* 98004
Country* USA
Phone* 425-803-9757 Fax

- d. Language preference.** Select the language for notices. English

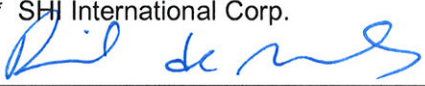
- e. Microsoft account manager.** Provide the Microsoft account manager contact for this Institution.

Microsoft account manager name: Taylor Kao
Microsoft account manager Email address: Taylork@microsoft.com

- f. Reseller information**

Reseller company name* SHI International Corp.
Street address PO boxes will not be accepted)* 33 Knightsbridge Road
City* Piscataway, State / Province* NJ and postal code* 08854
Country* US
Contact name* Dan de Matos
Phone* 888-764-8888 Fax 888-764-8889
Email address* msteam@shi.com

The undersigned confirms that the information is correct

Name of Reseller* SHI International Corp.
Signature* 
Printed name* Daniel de Matos
Printed title* Licensing Specialist
Date* 6/15/2009

Changing a Reseller. If Microsoft or the Reseller chooses to discontinue doing business with one another, Institution must choose a replacement. If Institution intends to change the Reseller, it must notify Microsoft and the former Reseller in writing on a form provided at least 30 days prior to the date on which the change is to take effect. The change will take effect 30 days from the date of Institution's signature.

- g. Distributor information (if applicable)**

Distributor company name* *Ingram Micro*
 Street address (PO boxes will not be accepted)* *1759 Wehrle Dr*
 City and postal code* *Williamsville 14221*
 Country* *USA*
 Contact name* *Michelle Reagen*
 Phone* *516 900 9000* Fax *716 616 2121*
 Email address* *Camps.School@ingrammicro.com*

2. Designate Institution participation and Users.

Please select only one of the following two options:

<input type="checkbox"/>	Entire Institution is participating in this Enrollment (please continue on to Section 3)	<input checked="" type="checkbox"/>	Only specific departments are included in this Enrollment (please continue below)
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If Institution is enrolling less than the entire Institution, provide the department names. Include all segments of a department (e.g., a business school should include the business library). A department must be for educational purposes. Open access labs and other resource support centers do not qualify as individual departments under the Campus subscription program.

List of participating departments
 (please fill with the names of the departments participating in this Enrollment)

See participant form

3. Designate faculty and staff count.

Please indicate the full time equivalent (FTE) faculty and staff count in Institution. Institution may exclude

non-PC users such as maintenance, groundskeepers, cafeteria, etc. Total FTE count consists of all full-time faculty and staff plus one-third of part-time faculty and one-half of part-time staff. The number of copies for each software product in Institution's faculty and staff initial order must be equal to the number shown in the table below.

Faculty and staff FTE count	
Faculty and Staff FTE Count	10,836

4. Student full-time equivalent (FTE) option.

The student FTE option gives Institution's students the right to run software on their own PCs or Institution-owned PCs that are assigned for individual, dedicated student use. Total student FTE consists of all full-time students plus one-third of part-time students. The number of copies of each software product in Institution's student initial order must be equal to the number shown in the table below.

Please select only one of the following two options:

<input checked="" type="checkbox"/>	Institution selects the student FTE option <i>(please complete table below)</i>	<input type="checkbox"/>	Institution does not select the student FTE option <i>(please continue to section 5)</i>
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Student FTE option	
Total number of students to enroll:	36,075

Transfers to graduating students. If Institution elects the student FTE option, Institution may at any time during the Licensed Period transfer the right to run the software to a graduating student, upon such student's graduation from Institution. Institution must provide each graduating student with a student license confirmation. In addition, Institution must secure from all such graduating students their acceptance of the terms of the student license confirmation. Upon acceptance of such terms, their right to run the software identified in the license confirmation becomes perpetual.

5. Establishing Enrollment unit count and price level.

Microsoft assigns units to each software product available in this program. Institution can verify the units assigned to each software product in the Product List located at <http://microsoft.com/licensing/>. Institution can use the "Standard Campus Qualification and Manual Order Form" as a reference to obtain the total units for the Enrollment and total units for the student FTE option (if applicable).

Institution agrees that the minimum number of software units being ordered under this Enrollment is equal to or greater than 300 units. If Institution chose the Student FTE Option, Institution agrees that the minimum number of software units being ordered under this Enrollment for the student FTE option is equal to or greater than 300 units. This qualification must be met with the first order placed under this Enrollment. Price level B is only available for some Products.

Please select only one of the following two options:

<input type="checkbox"/>	Unit count is at least 300 units <i>(Price Level A for all Products)</i>	<input checked="" type="checkbox"/>	Unit count is at least 300 units and total FTE Count is greater than 3,000 <i>(Price Level B for some Products)</i>
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6. Licensed period.

Please select only one of the following two options:

<input checked="" type="checkbox"/>	One Year Licensed Period	<input type="checkbox"/>	Three Year Licensed Period
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This Enrollment will remain in effect during the Licensed Period. The Licensed Period begins on the date of Microsoft's email to Institution confirming Microsoft's acceptance of this Enrollment and expires after 12 full calendar months for a one-year Licensed Period, or 36 full calendar months for a three-year Licensed Period, unless earlier terminated or extended (as applicable) as provided in the agreement.

As stated in the agreement, one-year Licensed Periods may be extended by placing an extension order. The terms of Institution's agreement and Enrollment will govern any extensions of a one-year Licensed Period.

7. *Qualifying systems Licenses.*

All operating system licenses provided under this program are upgrade Licenses. **No full operating system licenses are available under this program.**

Therefore, all qualified desktops on which Institution will run the Windows Desktop Operating System Upgrade must be licensed to run one of the qualifying operating systems identified in the Product List at <http://microsoft.com/licensing/contracts>.

X-71

Campus and School Agreement Amendment ID CTM

000-lorihorn-E1278

- The following section entitled "**Volume Discount**" is added to all valid subscription enrollments that reference the agreement number:

Volume Discount

We will apply the discount indicated below to your distributor's invoice for orders placed during your first year coverage period. The first year coverage period will begin on July 1, 2009 and expire after (12) full months on June 30, 2010.

Name of Product	Discount as percentage off list price to distributor
All software products ordered in first 12 month coverage period	10.00%

- We will only invoice your distributor for a full **12 month** annual fee for each license period. We will invoice your distributor for the full annual fee for your initial order using the **March 2009** price file.*

This amendment must be attached to a signature form to be valid.



Campus and School Agreement and Campus Subscription Enrollment

Amendment ID G20

000-lorihorn-E1279

A new section entitled "Additional Terms," is added to the agreement, and shall consist of the following subsections:

Additional Terms

a. Sublicensing. *Institution may sublicense rights to Participants as specified in this section in order to allow their Users to participate in the Campus program under Institution's subscription Enrollment pursuant to the terms of this agreement.*

i. Participants. *A "Participant" means an Educational Institution, as defined under Qualified Education Users on Schedule A to the subscription Enrollment, which has duly executed a Participation Agreement.*

ii. Participation Agreements. *Institution agrees that it will be responsible for determining how software License information is provided to Participants and for distributing media ordered by any Participants. Prior to providing any software acquired under Institution's subscription Enrollment to any Participants, Institution will verify that it has received an originally executed Participation Agreement from those Participants. Institution will maintain the original Participation Agreements on its premises during the term of the subscription Enrollment and for one year thereafter. During this time Institution shall make copies of the Participation Agreements available for inspection by Microsoft at Microsoft's request. Institution assumes joint and several responsibility and liability to Microsoft for any acts or omissions of any Participants which, if taken or omitted by Institution as a licensee, would amount to a breach of the agreement, including the Product use rights.*

iii. Communication. *Institution agrees to establish and maintain a website and email distribution alias for the purpose of communicating pertinent information to Participants about the agreement. Institution agrees that the website will be active within fifteen (15) days after the agreement becomes effective, that it will be reasonably maintained, and that it will be located at the following URL <http://www.sbctc.ctc.edu/>. Institution further agrees that the email alias will be active within thirty (30) days after its agreement becomes effective.*

iv. Subscription Enrollment. *The section of the subscription Enrollment entitled "Designate Institution participation and Users" is hereby deleted and replaced with a Participant Form attached to this Enrollment. The subscription Enrollment will not have a subscription Enrollment number; each Participant will be assigned an individual Participant Enrollment number instead.*

b. *Institution does not need to be a Qualified Educational User so long as it only orders software for Participants and it does not order software for use by non-Participants (including software ordered for Institution's own organization's internal use).*

c. *Notwithstanding anything to the contrary elsewhere in the agreement or the subscription Enrollment, the following is required:*

i. Unit Minimum. *The minimum number of units ordered under the subscription Enrollment will continue to be 300 units. The minimum number of units for any individual Participant pursuant to its Participant Enrollment will be 100 units. If an individual Participant*

orders more than 100, but less than 300 units, it is still entitled to receive media kits, if requested by Institution.

ii. FTE Faculty & Staff. Institution will report in the subscription Enrollment the total Faculty & Staff FTEs of each Participant's entire Institution and not any subset of the Institution, such as a department.

iii. FTE Students under Student Option. For any Participants electing the Student Option, Institution will report in the subscription Enrollment the total Student FTEs of the Participant's entire Institution and not any subset of the Institution, such as a department.

d. Participant Form. In addition to completing the data tables in the subscription Enrollment, Institution will also complete the Participant Form which is part of the subscription Enrollment. The number of total FTEs from the Participant Form must match the number of total FTEs reported in the subscription Enrollment. If Institution's organization is included as a Participant, and Institution's organization otherwise qualifies to participate, then Institution must list its own organization on the Participant Form as a Participant in order to show accurately the total number of Institutions and Users.

This amendment must be attached to a signature form to be valid.

Campus Subscription PARTICIPANT FORM

Organization Information	
Name of Entity	The Washington State Board for Community and Technical Colleges
Agreement Number	01C34134
Subscription Program	Campus
Number of Total Faculty & Staff FTEs	10,836
If Student Option selected, number of Total student FTEs	36,075

1. Participant	
Name of Entity: Bates Technical College	
Participant Enrollment Details	
Participant Enrollment Number (<i>Microsoft to complete</i>):	6517798
Prior Enrollment Number:	3365344
Media to be Shipped (Yes/No):	Yes
Number of Faculty & Staff FTE:	271
If Student Option selected, number of student FTE:	
Participant Contact Details	
Street Address 1101 South Yakima Ave.	Contact Name: Tom George
City Tacoma State/Province WA Zip Code 98405	Contact Email Address: tgeorge@bates.ctc.edu
Country USA	Contact Phone 253-680-7080

2. Participant	
Name of Entity: Bellevue College	
Participant Enrollment Details	
Participant Enrollment Number (<i>Microsoft to complete</i>):	7168858
Prior Enrollment Number:	9805444
Media to be Shipped (Yes/No):	Yes
Number of Faculty & Staff FTE:	573
If Student Option selected, number of student FTE:	
Participant Contact Details	
Street Address 3000 Landerholm Circle SE	Contact Name: Mike Talbott
City Bellevue State/Province WA Zip Code 98007	Contact Email Address: mtalbott@bcc.ctc.edu
Country USA	Contact Phone 425-564-4201

3. Participant**Name of Entity:** Bellingham Technical College**Participant Enrollment Details**Participant Enrollment Number (*Microsoft to complete*): 5874768

Prior Enrollment Number: 6055444

Media to be Shipped (Yes/No): Yes

Number of Faculty & Staff FTE: 167

If Student Option selected, number of student FTE: 975

Participant Contact Details

Street Address 3028 Lindbergh Ave.

Contact Name: Curtis Perera

City Bellingham State/Province WA Zip Code 98225

Contact Email Address: cperera@btc.ctc.edu

Country USA

Contact Phone 360-752-8330

4. Participant**Name of Entity:** Big Bend Community College**Participant Enrollment Details**Participant Enrollment Number (*Microsoft to complete*): 5504969

Prior Enrollment Number: 7985544

Media to be Shipped (Yes/No): Yes

Number of Faculty & Staff FTE: 170

If Student Option selected, number of student FTE: 954

Participant Contact DetailsStreet Address 6842 30th Ave. N.E.

Contact Name: Russ Beard

City Moses Lake State/Province WA Zip Code 98837

Contact Email Address: russb@bigbend.edu

Country USA

Contact Phone 509-762-6260

5. Participant**Name of Entity:** Cascadia Community College**Participant Enrollment Details**Participant Enrollment Number (*Microsoft to complete*): 7019490

Prior Enrollment Number: 4535644

Media to be Shipped (Yes/No): Yes

Number of Faculty & Staff FTE: 118

If Student Option selected, number of student FTE: 1008

Participant Contact Details

Street Address

Contact Name: Sandy Nelson

City Bothell State/Province WA Zip Code 98011

Contact Email Address: snelson@cascadia.ctc.edu

Country USA

Contact Phone 425-352-8582

6. Participant**Name of Entity:** Centralia College**Participant Enrollment Details**Participant Enrollment Number (*Microsoft to complete*):

4666070

Prior Enrollment Number: 6485744

Media to be Shipped (Yes/No): Yes

Number of Faculty & Staff FTE: 189

If Student Option selected, number of student FTE: 796

Participant Contact Details

Street Address 301 S. King Street

Contact Name: Patrick Allison

City Centralia State/Province WA Zip Code 98531

Contact Email Address: pallison@centralia.edu

Country USA

Contact Phone 360-736-9391

7. Participant**Name of Entity:** Clark College**Participant Enrollment Details**Participant Enrollment Number (*Microsoft to complete*):

8419484

Prior Enrollment Number: 2945844

Media to be Shipped (Yes/No): Yes

Number of Faculty & Staff FTE: 549

If Student Option selected, number of student FTE: 3699

Participant Contact Details

Street Address 1933 Fort Vancouver Way

Contact Name: Phil Sheehan

City Vancouver State/Province WA Zip Code 98663

Contact Email Address: psheehan@clark.edu

Country USA

Contact Phone 360-992-2118

(make extra copies of this page as needed; insert sequential participant number in the space provided)

8. Participant	
Name of Entity: Clover Park Technical College	
Participant Enrollment Details	
Participant Enrollment Number (Microsoft to complete):	6215912
Prior Enrollment Number: 6465844	
Media to be Shipped (Yes/No): Yes	
Number of Faculty & Staff FTE: 254	
If Student Option selected, number of student FTE:	
Participant Contact Details	
Street Address 4500 Steilacoom Blvd SW	Contact Name: Kendra Fitch
City Lakewood State/Province WA Zip Code 98499	Contact Email Address: kendra.fitch@cptc.edu
Country USA	Contact Phone 253-583-8770
9. Participant	
Name of Entity: Columbia Basin College	
Participant Enrollment Details	
Participant Enrollment Number (Microsoft to complete):	7132807
Prior Enrollment Number: 3295844	
Media to be Shipped (Yes/No): Yes	
Number of Faculty & Staff FTE: 359	
If Student Option selected, number of student FTE:	
Participant Contact Details	
Street Address 2600 North 20th Ave	Contact Name: Eduardo Rodriguez
City Pasco State/Province WA Zip Code 99301	Contact Email Address: erodriguez@columbiabasin.edu
Country USA	Phone 509-547-0511
10. Participant	
Name of Entity: Edmonds Community College	
Participant Enrollment Details	
Participant Enrollment Number (Microsoft to complete):	4940041
Prior Enrollment Number: 7115944	
Media to be Shipped (Yes/No): Yes	
Number of Faculty & Staff FTE: 441	
If Student Option selected, number of student FTE:	
Participant Contact Details	
Street Address 20000 -68th Ave. W.	Contact Name: Ben Kim
City Lynnwood State/Province WA Zip Code 98036	Contact Email Address: benjamin.kim@edcc.edu
Country USA	Phone 425-640-1234

(make extra copies of this page as needed; insert sequential participant number in the space provided)

11. Participant	
Name of Entity: Everett Community College	
Participant Enrollment Details	
Participant Enrollment Number (<i>Microsoft to complete</i>): 5926474	
Prior Enrollment Number: 6475044	
Media to be Shipped (Yes/No): Yes	
Number of Faculty & Staff FTE: 390	
If Student Option selected, number of student FTE: 2263	
Participant Contact Details	
Street Address Tower St. & Lombard Ave	Contact Name: Mike Klim
City Everett State/Province WA Zip Code 98201	Contact Email Address: mklim@everettcc.edu
Country USA	Contact Phone 425-259-8888
12. Participant	
Name of Entity: Grays Harbor College	
Participant Enrollment Details	
Participant Enrollment Number (<i>Microsoft to complete</i>): 7780006	
Prior Enrollment Number: 8295044	
Media to be Shipped (Yes/No): Yes	
Number of Faculty & Staff FTE: 152	
If Student Option selected, number of student FTE:	
Participant Contact Details	
Street Address 1620 Edward P Smith Dr.	Contact Name: Sandy Lloyd
City Aberdeen State/Province WA Zip Code 98520	Contact Email Address: slloyd@ghc.edu
Country USA	Phone 360-538-2500
13. Participant	
Name of Entity: Green River Community College	
Participant Enrollment Details	
Participant Enrollment Number (<i>Microsoft to complete</i>): 7163839	
Prior Enrollment Number: 6925144	
Media to be Shipped (Yes/No): Yes	
Number of Faculty & Staff FTE: 462	
If Student Option selected, number of student FTE:	
Participant Contact Details	
Street Address 12401 SE 320th St.	Contact Name: Joe Huang
City Auburn State/Province WA Zip Code 98092	Contact Email Address: jhuang@greenriver.edu
Country USA	Phone 253-833-9111

(make extra copies of this page as needed; insert sequential participant number in the space provided)

14. Participant	
Name of Entity: Highline Community College	
Participant Enrollment Details	
Participant Enrollment Number (Microsoft to complete):	7087266
Prior Enrollment Number: 6265144	
Media to be Shipped (Yes/No): Yes	
Number of Faculty & Staff FTE: 412	
If Student Option selected, number of student FTE: 2460	
Participant Contact Details	
Street Address 2400 S 240th Street	Contact Name: Patricia Daniels
City Des Moines State/Province WA Zip Code 98198	Contact Email Address: pdaniels@highline.edu
Country USA	Contact Phone 206-870-4881
15. Participant	
Name of Entity: Lake Washington Technical College	
Participant Enrollment Details	
Participant Enrollment Number (Microsoft to complete):	8823936
Prior Enrollment Number: 2585244	
Media to be Shipped (Yes/No): Yes	
Number of Faculty & Staff FTE: 197	
If Student Option selected, number of student FTE:	
Participant Contact Details	
Street Address 11605 132nd Ave NE	Contact Name: Paul Hutton
City Kirkland State/Province WA Zip Code 98033	Contact Email Address: Paul.Hutton@lwtc.edu
Country USA	Phone 425-739-8321
16. Participant	
Name of Entity: Lower Columbia College	
Participant Enrollment Details	
Participant Enrollment Number (Microsoft to complete):	5054768
Prior Enrollment Number: 7536244	
Media to be Shipped (Yes/No): Yes	
Number of Faculty & Staff FTE: 230	
If Student Option selected, number of student FTE: 1087	
Participant Contact Details	
Street Address 1600 Maple Street	Contact Name: Ray Lindsey
City Longview State/Province WA Zip Code 98632	Contact Email Address: rlindsey@lcc.ctc.edu
Country USA	Phone 360-442-2250

(make extra copies of this page as needed; insert sequential participant number in the space provided)

17. Participant	
Name of Entity: Olympic College	
Participant Enrollment Details	
Participant Enrollment Number (<i>Microsoft to complete</i>): 5200705	
Prior Enrollment Number: 4376344	
Media to be Shipped (Yes/No): Yes	
Number of Faculty & Staff FTE: 367	
If Student Option selected, number of student FTE: 2048	
Participant Contact Details	
Street Address 1600 Chester Ave.	Contact Name: Jeanne Gardner
City Bremerton State/Province WA Zip Code 98337	Contact Email Address: jgardner@oc.ctc.edu
Country USA	Contact Phone 360-475-7806
18. Participant	
Name of Entity: Peninsula College	
Participant Enrollment Details	
Participant Enrollment Number (<i>Microsoft to complete</i>): 5012340	
Prior Enrollment Number: 9216444	
Media to be Shipped (Yes/No): Yes	
Number of Faculty & Staff FTE: 166	
If Student Option selected, number of student FTE: 714	
Participant Contact Details	
Street Address 1502 East Lauridsen Blvd.	Contact Name: Steve Baxter
City Port Angeles State/Province WA Zip Code 98362	Contact Email Address: steveb@pcadmin.ctc.edu
Country USA	Phone 360-417-6300
19. Participant	
Name of Entity: Pierce College	
Participant Enrollment Details	
Participant Enrollment Number (<i>Microsoft to complete</i>): 6408231	
Prior Enrollment Number: 8256444	
Media to be Shipped (Yes/No): Yes	
Number of Faculty & Staff FTE: 453	
If Student Option selected, number of student FTE:	
Participant Contact Details	
Street Address 9401 Farwest Dr SW	Contact Name: Dana Corey
City Lakewood State/Province WA Zip Code 98498	Contact Email Address: DCorey@pierce.ctc.edu
Country USA	Phone 253-964-6744

(make extra copies of this page as needed; insert sequential participant number in the space provided)

20. Participant

Name of Entity: Renton Technical College

Participant Enrollment Details

Participant Enrollment Number (Microsoft to complete): 8410022

Prior Enrollment Number: 7006544

Media to be Shipped (Yes/No): Yes

Number of Faculty & Staff FTE: 220

If Student Option selected, number of student FTE:

Participant Contact Details

Street Address 3000 NE Fourth St.	Contact Name: Mary Kay Wegner
City Renton State/Province WA Zip Code 98056	Contact Email Address: mkwegner@rtc.edu
Country USA	Contact Phone 425-235-2352

21. Participant

Name of Entity: Seattle Community College District Office

Participant Enrollment Details

Participant Enrollment Number (Microsoft to complete): 8681721

Prior Enrollment Number: 2746644

Media to be Shipped (Yes/No): Yes

Number of Faculty & Staff FTE: 72

If Student Option selected, number of student FTE:

Participant Contact Details

Street Address 1500 Harvard Ave.	Contact Name: Kim Reed
City Seattle State/Province WA Zip Code 98122	Contact Email Address: KReed@sccd.ctc.edu
Country USA	Phone 206-587-5455

22. Participant

Name of Entity: Seattle Central Community College

Participant Enrollment Details

Participant Enrollment Number (Microsoft to complete): 8617365

Prior Enrollment Number: 8926644

Media to be Shipped (Yes/No): Yes

Number of Faculty & Staff FTE: 420

If Student Option selected, number of student FTE: 2483

Participant Contact Details

Street Address 1515 Broadway	Contact Name: Harriet Wasserman
City Seattle State/Province WA Zip Code 98122	Contact Email Address: hwasse@sccd.ctc.edu
Country USA	Phone 206-344-4344

(make extra copies of this page as needed; insert sequential participant number in the space provided)

23. Participant	
Name of Entity: North Seattle Community College	
Participant Enrollment Details	
Participant Enrollment Number (Microsoft to complete):	7976383
Prior Enrollment Number: 3206744	
Media to be Shipped (Yes/No): Yes	
Number of Faculty & Staff FTE: 287	
If Student Option selected, number of student FTE:	
Participant Contact Details	
Street Address 9600 College Way N	Contact Name: Rosemary Jones
City Seattle State/Province WA Zip Code 98103	Contact Email Address: rjones@sccd.ctc.edu
Country USA	Contact Phone 206-527-4090
24. Participant	
Name of Entity: South Seattle Community College	
Participant Enrollment Details	
Participant Enrollment Number (Microsoft to complete):	9222201
Prior Enrollment Number: 3586744	
Media to be Shipped (Yes/No): Yes	
Number of Faculty & Staff FTE: 280	
If Student Option selected, number of student FTE:	
Participant Contact Details	
Street Address 6000 16th Ave SW	Contact Name: Kelvin James
City Seattle State/Province WA Zip Code 98106	Contact Email Address: KJames@sccd.ctc.edu
Country USA	Phone 206-768-6872
25. Participant	
Name of Entity: Seattle Vocational Institute	
Participant Enrollment Details	
Participant Enrollment Number (Microsoft to complete):	7655780
Prior Enrollment Number: 5846344	
Media to be Shipped (Yes/No): Yes	
Number of Faculty & Staff FTE: 42	
If Student Option selected, number of student FTE:	
Participant Contact Details	
Street Address 2120 South Jackson St	Contact Name: Mike Baker
City Seattle State/Province WA Zip Code 98144	Contact Email Address: mbaker@sccd.ctc.edu
Country USA	Phone 206-516-2947

(make extra copies of this page as needed; insert sequential participant number in the space provided)

26. Participant

Name of Entity: Shoreline Community College

Participant Enrollment Details

Participant Enrollment Number (Microsoft to complete): 8829181

Prior Enrollment Number: 4056844

Media to be Shipped (Yes/No): Yes

Number of Faculty & Staff FTE: 372

If Student Option selected, number of student FTE: 1849

Participant Contact Details

Street Address 16101 Greenwood Avenue North	Contact Name: Dorothy Cirelli
City Shoreline State/Province WA Zip Code 98133	Contact Email Address: dcirelli@shoreline.edu
Country USA	Contact Phone 206-546-5802

27. Participant

Name of Entity: Skagit Valley College

Participant Enrollment Details

Participant Enrollment Number (Microsoft to complete): 5999748

Prior Enrollment Number: 3426944

Media to be Shipped (Yes/No): Yes

Number of Faculty & Staff FTE: 320

If Student Option selected, number of student FTE:

Participant Contact Details

Street Address 2405 East College Way	Contact Name: Tom Bates
City Mount Vernon State/Province WA Zip Code 98272	Contact Email Address: Tom.Bates@skagit.edu
Country USA	Phone 360-416-7745

28. Participant

Name of Entity: South Puget Sound Community College

Participant Enrollment Details

Participant Enrollment Number (Microsoft to complete): 7571105

Prior Enrollment Number: 5456944

Media to be Shipped (Yes/No): Yes

Number of Faculty & Staff FTE: 272

If Student Option selected, number of student FTE: 1957

Participant Contact Details

Street Address 2011 Mottman Drive SW	Contact Name: Cary Bidot
City Olympia State/Province WA Zip Code 98512	Contact Email Address: cbidot@spscc.ctc.edu
Country USA	Phone 360-596-5314

(make extra copies of this page as needed; insert sequential participant number in the space provided)

29. Participant	
Name of Entity: Community Colleges of Spokane	
Participant Enrollment Details	
Participant Enrollment Number (Microsoft to complete):	4827419
Prior Enrollment Number: 8596844	
Media to be Shipped (Yes/No): Yes	
Number of Faculty & Staff FTE: 1039	
If Student Option selected, number of student FTE: 7771	
Participant Contact Details	
Street Address 501 N. Riverpoint Blvd. Ste 226	Contact Name: Dick Hol
City Spokane State/Province WA Zip Code 99202	Contact Email Address: dhol@ccs.spokane.edu
Country USA	Contact Phone 509-533-8018
30. Participant	
Name of Entity: Tacoma Community College	
Participant Enrollment Details	
Participant Enrollment Number (Microsoft to complete):	9094048
Prior Enrollment Number: 3186044	
Media to be Shipped (Yes/No): Yes	
Number of Faculty & Staff FTE: 370	
If Student Option selected, number of student FTE: 2692	
Participant Contact Details	
Street Address 6501 South 19th Street, Bldg# 1	Contact Name: Gary Sigen
City Tacoma State/Province WA Zip Code 98466	Contact Email Address: gsigen@tacomacc.edu
Country USA	Phone 253-566-5378
31. Participant	
Name of Entity: Walla Walla Community College	
Participant Enrollment Details	
Participant Enrollment Number (Microsoft to complete):	7973875
Prior Enrollment Number: 2506044	
Media to be Shipped (Yes/No): Yes	
Number of Faculty & Staff FTE: 290	
If Student Option selected, number of student FTE: 1747	
Participant Contact Details	
Street Address 500 Tausick Way	Contact Name: Bill Storms
City Walla Walla State/Province WA Zip Code 99362	Contact Email Address: bill@wwcc.edu
Country USA	Phone 509-527-4560

(make extra copies of this page as needed; insert sequential participant number in the space provided)

32. Participant	
Name of Entity: Wenatchee Valley College	
Participant Enrollment Details	
Participant Enrollment Number (Microsoft to complete):	5969041
Prior Enrollment Number:	6426144
Media to be Shipped (Yes/No):	Yes
Number of Faculty & Staff FTE:	240
If Student Option selected, number of student FTE:	1572
Participant Contact Details	
Street Address 1300 Fifth Street	Contact Name: Kathy Brown
City Weantchee State/Province WA Zip Code 98801	Contact Email Address: kbrown@wvc.edu
Country USA	Contact Phone 509-682-6554
33. Participant	
Name of Entity: Whatcom Community College	
Participant Enrollment Details	
Participant Enrollment Number (Microsoft to complete):	8419166
Prior Enrollment Number:	6166144
Media to be Shipped (Yes/No):	Yes
Number of Faculty & Staff FTE:	206
If Student Option selected, number of student FTE:	
Participant Contact Details	
Street Address 288 W. Kellogg Rd.	Contact Name: Bill Zilinek
City Bellingham State/Province WA Zip Code 98226	Contact Email Address: bzilinek@whatcom.ctc.edu
Country USA	Phone 360-650-5352
34. Participant	
Name of Entity: Yakima Valley Community College	
Participant Enrollment Details	
Participant Enrollment Number (Microsoft to complete):	6850562
Prior Enrollment Number:	3826244 3286244 PK 6-24-09
Media to be Shipped (Yes/No):	Yes
Number of Faculty & Staff FTE:	333
If Student Option selected, number of student FTE:	
Participant Contact Details	
Street Address 1107 South 16th Ave	Contact Name: Brad Gravesen
City Yakima State/Province WA Zip Code 98902	Contact Email Address: BGravesen@yvcc.edu
Country USA	Phone 509-574-4779

(make extra copies of this page as needed; insert sequential participant number in the space provided)

35. Participant	
Name of Entity: The Washington State Board for Community and Technical Colleges Bellevue	
Participant Enrollment Details	
Participant Enrollment Number (Microsoft to complete):	5264011
Prior Enrollment Number:	2716244
Media to be Shipped (Yes/No):	Yes
Number of Faculty & Staff FTE:	60
If Student Option selected, number of student FTE:	
Participant Contact Details	
Street Address 3101 Northup Way, Ste 100	Contact Name: Karen Abels
City Bellevue State/Province WA Zip Code 98004	Contact Email Address: kabels@cis.ctc.edu
Country USA	Contact Phone 425-803-9757
36. Participant	
Name of Entity: The Washington State Board for Community and Technical Colleges Olympia	
Participant Enrollment Details	
Participant Enrollment Number (Microsoft to complete):	8016192
Prior Enrollment Number:	
Media to be Shipped (Yes/No):	Yes
Number of Faculty & Staff FTE:	93
If Student Option selected, number of student FTE:	
Participant Contact Details	
Street Address 1300 Quince St SE	Contact Name: Peter Savin
City Olympia State/Province WA Zip Code 98504	Contact Email Address: psavin@sbctc.edu
Country USA	Phone 360-704-4371
. Participant	
Name of Entity:	
Participant Enrollment Details	
Participant Enrollment Number (Microsoft to complete):	
Prior Enrollment Number:	
Media to be Shipped (Yes/No):	Choose Yes or No
Number of Faculty & Staff FTE:	
If Student Option selected, number of student FTE:	
Participant Contact Details	
Street Address	Contact Name:
City State/Province Zip Code	Contact Email Address:
Country	Phone

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Tom George

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Bates Technical College

Contact name: First: * Tom Last: * George

Contact email address: (required for online access) * tgeorge@bates.ctc.edu

Street address: (no PO boxes accepted) * 1101 South Yakima Ave

City: * Tacoma State/Province: * WA Postal code: * 98405

Phone: * 253-680-7080 Fax:

Country: * USA County: * Pierce In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks (*) in the information fields below indicate required information.

Institution contact name: * Mike Talbott

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Bellevue College

Contact name: First: * Mike Last: * Talbott

Contact email address: (required for online access) * mtalbott@bcc.ctc.edu

Street address: (no PO boxes accepted) * 3000 Landerholm Circle SE

City: * Bellevue State/Province: * WA Postal code: * 98007

Phone: * 425-564-4201 Fax:

Country: * USA County: * King In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>

Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Curtis Perera

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Bellingham Technical College

Contact name: First: * Curtis Last: * Perera

Contact email address: (required for online access) * cperera@btc.ctc.edu

Street address: (no PO boxes accepted) * 3028 Lindbergh Ave.

City: * Bellingham State/Province: * WA Postal code: * 98225

Phone: * 360-752-8330 Fax:

Country: * USA County: * Whatcom In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks (*) in the information fields below indicate required information.

Institution contact name: * Russ Beard

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Big Bend Community College

Contact name: First: * Russ Last: * Beard

Contact email address: (required for online access) * russb@bigbend.edu

Street address: (no PO boxes accepted) * 6842 30th Ave. N.E.

City: * Moses Lake State/Province: * WA Postal code: * 98837

Phone: * 509-762-6260 Fax:

Country: * USA County: * Grant In City Limits? * Estimated Tax Rate: * 8.5

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks (*) in the information fields below indicate required information.

Institution contact name: * Sandy Nelson

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Cascadia Community College

Contact name: First: * Sandy Last: * Nelson

Contact email address: (required for online access) * snelson@cascadia.ctc.edu

Street address: (no PO boxes accepted) * 18345 Campus Way NE

City: * Bothell State/Province: * WA Postal code: * 98001

Phone: * 425-352-8582 Fax:

Country: * USA County: * Snohomish In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Patrick Allison

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Centralia College

Contact name: First: * Patrick Last: * Allison

Contact email address: (required for online access) * pallison@centralia.edu

Street address: (no PO boxes accepted) * 301 S. King Street

City: * Centralia State/Province: * WA Postal code: * 98531

Phone: * 360-736-9391 Fax:

Country: * USA County: * Lewis In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Phil Sheehan

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Clark College

Contact name: First: * Phil Last: * Sheehan

Contact email address: (required for online access) * psheehan@clark.edu

Street address: (no PO boxes accepted) * 1933 Fort Vancouver Way

City: * Vancouver State/Province: * WA Postal code: * 98663

Phone: * 360-992-2118 Fax:

Country: * USA County: * Clark In City Limits? * Estimated Tax Rate: * 8.5

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Kendra Fitch

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Clover Park Technical College

Contact name: First: * Kendra Last: * Fitch

Contact email address: (required for online access) * kendra.fitch@cptc.edu

Street address: (no PO boxes accepted) * 4500 Steilacoom Blvd SW

City: * Lakewood State/Province: * WA Postal code: * 98499

Phone: * 253-583-8770 Fax:

Country: * USA County: * Pierce In City Limits? * Estimated Tax Rate: * 8.5

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks (*) in the information fields below indicate required information.

Institution contact name: * Eduardo Rodriguez

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Columbia Basin College

Contact name: First: * Eduardo Last: * Rodriguez

Contact email address: (required for online access) * erodriguez@columbiabasin.edu

Street address: (no PO boxes accepted) * 2600 North 20th Ave

City: * Pasco State/Province: * WA Postal code: * 99301

Phone: * 509-547-0511 Fax:

Country: * USA County: * Franklin In City Limits? * Estimated Tax Rate: * 8.5

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks (*) in the information fields below indicate required information.

Institution contact name: * Ben Kim

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Edmonds Community College

Contact name: First: * Ben Last: * Kim

Contact email address: (required for online access) * benjamin.kim@edcc.edu

Street address: (no PO boxes accepted) * 20000 -68th Ave. W.

City: * Lynnwood State/Province: * WA Postal code: * 98036

Phone: * 425-640-1234 Fax:

Country: * USA County: * Snohomish In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Mike Klim

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Everett Community College

Contact name: First: * Mike Last: * Klim

Contact email address: (required for online access) * mklim@everettcc.edu

Street address: (no PO boxes accepted) * Tower St. & Lombard Ave

City: * Everett State/Province: * WA Postal code: * 98201

Phone: * 425-259-8888 Fax:

Country: * USA County: * Snohomish In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Sandy Lloyd

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Grays Harbor College

Contact name: First: * Sandy Last: * Lloyd

Contact email address: (required for online access) * slloyd@ghc.edu

Street address: (no PO boxes accepted) * 1620 Edward P Smith Dr.

City: * Aberdeen State/Province: * WA Postal code: * 98520

Phone: * 360-538-2500 Fax:

Country: * USA County: * Grays Harbor In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks (*) in the information fields below indicate required information.

Institution contact name: * Joe Huang

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Green River Community College

Contact name: First: * Joe Last: * Huang

Contact email address: (required for online access) * jhuang@greenriver.edu

Street address: (no PO boxes accepted) * 12401 SE 320th St.

City: * Auburn State/Province: * WA Postal code: * 98092

Phone: * 253-833-9111 Fax:

Country: * USA County: * King In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Patricia Daniels

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Highline Community College

Contact name: First: * Patricia Last: * Daniels

Contact email address: (required for online access) * pdaniels@highline.edu

Street address: (no PO boxes accepted) * 2400 S 240th Street

City: * Des Moines State/Province: * WA Postal code: * 98198

Phone: * 206-870-4881 Fax:

Country: * USA County: * King In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks (*) in the information fields below indicate required information.

Institution contact name: * Paul Hutton

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Lake Washington Technical College

Contact name: First: * Paul Last: * Hutton

Contact email address: (required for online access) * Paul.Hutton@lwtc.edu

Street address: (no PO boxes accepted) * 11605 132nd Ave NE

City: * Kirkland State/Province: * WA Postal code: * 98033

Phone: * 425-739-8321 Fax:

Country: * USA County: * King In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Ray Lindsey

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Lower Columbia College

Contact name: First: * Ray Last: * Lindsey

Contact email address: (required for online access) * rlindsey@lcc.ctc.edu

Street address: (no PO boxes accepted) * 1600 Maple Street

City: * Longview State/Province: * WA Postal code: * 98632

Phone: * 360-442-4250 Fax:

Country: * USA County: * Cowlitz In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Jeanne Gardner

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Olympic College

Contact name: First: * Jeanne Last: * Gardner

Contact email address: (required for online access) * jgardner@oc.ctc.edu

Street address: (no PO boxes accepted) * 1600 Chester Ave.

City: * Bremerton State/Province: * WA Postal code: * 98337

Phone: * 360-475-7806 Fax:

Country: * USA County: * Kitsap In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form -- Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>

Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Steve Baxter

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Peninsula College

Contact name: First: * Steve Last: * Baxter

Contact email address: (required for online access) * steveb@pcadmin.ctc.edu

Street address: (no PO boxes accepted) * 1502 East Lauridsen Blvd.

City: * Port Angeles State/Province: * WA Postal code: * 98362

Phone: * 360-417-6300 Fax:

Country: * USA County: * Clallam In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>

Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Dana Corey

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Pierce College

Contact name: First: * Dana Last: * Corey

Contact email address: (required for online access) * DCorey@pierce.ctc.edu

Street address: (no PO boxes accepted) * 9401 Farwest Dr SW

City: * Lakewood State/Province: * WA Postal code: * 98498

Phone: * 253-964-6744 Fax:

Country: * USA County: * Pierce In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Mary Kay Wegner

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Renton Technical College

Contact name: First: * Mary Kay Last: * Wegner

Contact email address: (required for online access) * mkwegner@rtc.edu

Street address: (no PO boxes accepted) * 3000 NE Fourth St.

City: * Renton State/Province: * WA Postal code: * 98056

Phone: * 425-235-2352 Fax:

Country: * USA County: * King In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Kim Reed

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Seattle Community College
District Office

Contact name: First: * Kim Last: * Reed

Contact email address: (required for online access) * KReed@sccd.ctc.edu

Street address: (no PO boxes accepted) * 1500 Harvard Ave.

City: * Seattle State/Province: * WA Postal code: * 98122

Phone: * 206-587-5455 Fax:

Country: * USA County: * King In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks (*) in the information fields below indicate required information.

Institution contact name: * Harriet Wasserman

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Seattle Central Community College

Contact name: First: * Harriet Last: * Wasserman

Contact email address: (required for online access) * hwasse@sccd.ctc.edu

Street address: (no PO boxes accepted) * 1515 Broadway

City: * Seattle State/Province: * WA Postal code: * 98122

Phone: * 206-344-4344 Fax:

Country: * USA County: * King In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Rosemary Jones

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * North Seattle Community College

Contact name: First: * Rosemary Last: * Jones

Contact email address: (required for online access) * rjones@sccd.ctc.edu

Street address: (no PO boxes accepted) * 9600 College Way N

City: * Seattle State/Province: * WA Postal code: * 98103

Phone: * 206-527-4090 Fax:

Country: * USA County: * King In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Kelvin James

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * South Seattle Community College

Contact name: First: * Kelvin Last: * James

Contact email address: (required for online access) * KJames@sccd.ctc.edu

Street address: (no PO boxes accepted) * 6000 16th Ave SW

City: * Seattle State/Province: * WA Postal code: * 98106

Phone: * 206-768-6872 Fax:

Country: * USA County: * King In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution’s reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution’s reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Mike Baker

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Seattle Vocational Institute

Contact name: First: * Mike Last: * Baker

Contact email address: (required for online access) * mbaker@sccd.ctc.edu

Street address: (no PO boxes accepted) * 2120 South Jackson St

City: * Seattle State/Province: * WA Postal code: * 98144

Phone: * 206-516-2947 Fax:

Country: * USA County: * King In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Dorothy Cirelli

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Shoreline Community College

Contact name: First: * Dorothy Last: * Cirelli

Contact email address: (required for online access) * dcirelli@shoreline.edu

Street address: (no PO boxes accepted) * 16101 Greenwood Avenue North

City: * Shoreline State/Province: * WA Postal code: * 98133

Phone: * 206-546-5802 Fax:

Country: * USA County: * King In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Tom Bates

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Skagit Valley College

Contact name: First: * Tom Last: * Bates

Contact email address: (required for online access) * tom.Bates@skagit.edu

Street address: (no PO boxes accepted) * 2405 East College Way

City: * Mount Vernon State/Province: * WA Postal code: * 98272

Phone: * 360-416-7745 Fax:

Country: * USA County: * Skagit In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution’s reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>

Note: Not all products are available in every language. Please contact Institution’s reseller to confirm language availability.

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Cary Bidot

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * South Puget Sound Community College

Contact name: First: * Cary Last: * Bidot

Contact email address: (required for online access) * cbidot@spscc.ctc.edu

Street address: (no PO boxes accepted) * 2011 Mottman Drive SW

City: * Olympia State/Province: * WA Postal code: * 98512

Phone: * 360-596-5314 Fax:

Country: * USA County: * Thurston In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Dick Hol

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Community Colleges of Spokane

Contact name: First: * Dick Last: * Hol

Contact email address: (required for online access) * dhol@ccs.spokane.edu

Street address: (no PO boxes accepted) * 501 N. Riverpoint Blvd. Ste 226

City: * Spokane State/Province: * WA Postal code: * 99202

Phone: * 509-533-8018 Fax:

Country: * USA County: * Spokane In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Gary Sigmen

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Tacoma Community College

Contact name: First: * Gary Last: * Sigmen

Contact email address: (required for online access) * gsigmen@tacomacc.edu

Street address: (no PO boxes accepted) * 6501 South 19th Street, Bldg# 1

City: * Tacoma State/Province: * WA Postal code: * 98466

Phone: * 253-566-5378 Fax:

Country: * USA County: * Pierce In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Bill Storms

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Walla Walla Community College

Contact name: First: * Bill Last: * Storms

Contact email address: (required for online access) * bill@wwcc.edu

Street address: (no PO boxes accepted) * 500 Tausick Way

City: * Walla Walla State/Province: * WA Postal code: * 99362

Phone: * 509-527-4560 Fax:

Country: * USA County: * Walla Walla In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>

Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Kathy Brown

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Wenatchee Valley College

Contact name: First: * Kathy Last: * Brown

Contact email address: (required for online access) * kbrown@wvc.edu

Street address: (no PO boxes accepted) * 1300 Fifth Street

City: * Wenatchee State/Province: * WA Postal code: * 98801

Phone: * 509-682-6554 Fax:

Country: * USA County: * Chelan In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Brad Gravesen

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * Yakima Valley Community College

Contact name: First: * Brad Last: * Gravesen

Contact email address: (required for online access) * BGravesen@yvcc.edu

Street address: (no PO boxes accepted) * 1107 South 16th Ave

City: * Yakima State/Province: * WA Postal code: * 98902

Phone: * 509-574-4779 Fax:

Country: * USA County: * Yakima In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Karen Abels

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * The Washington State Board for Community and Technical Colleges Bellevue

Contact name: First: * Karen Last: * Abels

Contact email address: (required for online access) * kabels@cis.ctc.edu

Street address: (no PO boxes accepted) * 3101 Northup Way, Ste 100

City: * Bellevue State/Province: * WA Postal code: * 98004

Phone: * 425-803-9757 Fax:

Country: * USA County: * King In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	

Campus and School Media Election Form

Media Election Form

AGREEMENT INFORMATION

The asterisks () in the information fields below indicate required information.*

Institution contact name: * Peter Savin

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

MEDIA DELIVERY ADDRESS

Name of organization (if different from Institution organization): * The Washington State Board for Community and Technical Colleges Olympia

Contact name: First: * Peter Last: * Savin

Contact email address: (required for online access) * psavin@sbctc.edu

Street address: (no PO boxes accepted) * 1300 Quince St SE

City: * Olympia State/Province: * WA Postal code: * 98504

Phone: * 360-704-4371 Fax:

Country: * USA County: * Thurston In City Limits? * Estimated Tax Rate: * 8.5%

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

Does Institution request a media kit? (This option does not apply to renewing Institutions). Yes

Does Institution request subscription updates? Yes

Note: Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.

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Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>
Note: Not all products are available in every language. Please contact Institution's reseller to confirm language availability.	