Microsoft Volume Licensing

School Subscription Enrollment

Campus & School
Agreement number
(Microsoft affiliate or reseller
to complete)

Subscription Enrollment
number
(Microsoft affiliate to complete)

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

The School Subscription program gives you the right, during the licensed period, to have you and your users run Microsoft software on your eligible PCs used exclusively by your users. You may choose to enroll one or more entire schools in a district.

Non-exclusivity. This Subscription enrollment is non-exclusive. Nothing contained in it requires you to license, use or promote Microsoft software or services exclusively. You may, if you choose, enter into agreements with other parties to license, use or promote non-Microsoft software or services.

Definitions. "eligible PCs" means all of the Pentium II, iMac G3, or equivalent or better, PCs in your institution, plus any additional PCs on which you choose to run any of the software. All definitions in the Microsoft Campus and School Agreement identified above apply here.

By signing below, you acknowledge and agree that you have read and understood the terms of this subscription enrollment, and the Campus and School Agreement identified above, which is incorporated by reference, and you agree to be bound by the same.

Institution	Contracting Microsoft affiliate
Name of Entity *	Microsoft Licensing, GP
Signature *	Signature
Printed name *	Printed name
Last	
First	
Printed title *	Printed title
Signature date *	Signature date
	(date Microsoft affiliate countersigns)
* indicates required field	Effective date (may be different than our signature date)

Institution: Please return 2 SIGNED ORIGINALS of this subscription enrollment form to your reseller.

Reseller: Please return 2 SIGNED ORIGINALS of this subscription enrollment form to your distributor.

Distributor: Please return 2 SIGNED ORIGINALS of this subscription enrollment form to:

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

Attachments:

Standard School Qualification and Manual Order Form (optional, if applicable)	
Media Order Form (required)	
Qualified Education User Schedule A (required)	

Please refer to your Microsoft Campus and School Subscription Agreement for the address on where to send notices.

1. Contact information. Each party will notify the other in writing if any of the information in the following contact information page(s) change. The * indicates required fields. We may disclose contact information as necessary to administer this subscription enrollment

Primary contact information: The Institution signing on the cover page must identify an individual from inside its institution to serve as the primary contact. This contact is also the default online administrator for this subscription enrollment and will receive all notices unless you provide us written notice of a change. The online administrator may appoint other administrators and grant others access to online information.

Primary contact information			
Name of Entity *		Contact name *	
Same Institution identified	on cover page	Last	
		First	
Street address *		Contact Email address (required for online access) *	
City *	State/Province *	Phone *	
Country *	Postal Code *	Fax	

Notices and online access contact information: Complete this only if you want to designate a notices and online contact different than the primary contact. This contact will become the default online administrator for this subscription enrollment and receive all notices. This contact may appoint other administrators and grant others access to online information.

Notices and online access contact				
Same as primary	contact (if checked, pleas	se do not fill the data below)		
Name of Entity		Contact name		
		Last		
		First		
Street address		Contact Email address (required for online access)		
City	State/Province	Phone		
Country	Postal Code	Fax		

Software Assurance benefits contact: This contact will receive communications concerning Software Assurance benefits under this subscription enrollment. This contact is optional. If this contact is not completed, any notices for Software Assurance benefits will default to the notices and online contact.

Software Assurance benefits contact			
Name of Entity		Contact name	
riamo or mining		Last	
		First	
Street address		Contact email address (required for electronic notices)	
City	State/Province	Phone	
Country	Postal Code	Fax	

Language preference: This section designates the language in which you prefer to receive notices.

English			
Liigiloii		 	

Microsoft account manager: This section designates your Microsoft account manager contact.

Microsoft account manager name	Microsoft account manager email address
	@microsoft.com

2. Designate your participating school(s)

Participating schools must belong to the same school district. Each participating school must enroll all their eligible PCs. Please select only one of the following two options: You and one or more schools in your district are Only you are participating in this participating in this subscription enrollment subscription enrollment (please continue below) (please continue on to section 3) If you are enrolling one or more schools in a district, please provide the school names below. If additional space is needed, add an additional sheet of paper. List of participating schools (List the names of schools only if one or more schools are participating in this subscription enrollment)

3. Designate your eligible PCs

Please indicate the total number of eligible PCs under this subscription enrollment (including PCs of all participating schools).

Eligit	ole PCs			
Eligible	Eligible PCs			
	ıdent full time equivalent (F1			
annod I	dent FTE option gives your students the PCs that are assigned for individual, option, you must first enroll the school(redica	to run software on their own PCs or school- ted student use. In order to qualify for the er which the students are registered.	
Please s	select only one of the following two opti	ons:		
	I select the student FTE option (please complete table below)		I do not select the student FTE option (please continue to section 5)	
	ent FTE option			
Total n	umber of students to enroll:			
5. Es	tablishing your subscription	enro	Ilment unit count and price level	
We assign units to each software product available in this program. You can verify the units assigned to each software product in the Product List located at http://microsoft.com/licensing/ You can use the "Standard school qualification and manual order form" as a reference to obtain the total units for your subscription enrollment and total units for the student FTE option (if applicable).				
You agree that the minimum number of software units being ordered under this subscription enrollment is equal to or greater than 300 units. If you chose the Student FTE Option, you agree that the minimum number of software units being ordered under this subscription 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 subscription enrollment. Price level B is only available for some products.				
Please	select only one of the following two opti	ions:		
	Your unit count is at least 300 units (Price Level A for all products)		Your unit count is at least 300 units and your total Eligible PCs is greater than 2,500 (Price Level B for some products)	

6. Licensed period

Please select only one of the following two options:

	One year subscription licensed period	Three year subscription licensed period
ب		

This subscription enrollment will remain in effect during the licensed period. The licensed period begins on the date of our letter to you confirming our acceptance of this subscription enrollment and expires 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 license periods may be extended by placing an extension order. The terms of your agreement and subscription enrollment will govern any extensions of a one year license 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. In order to run any version of a Microsoft Windows operating system, you or your users must have a valid license for a Microsoft Windows operating system on each PC on which the software is run. You or your users are eligible to run an upgrade version of a Windows operating system if you or your users have a valid license for a Macintosh operating system.

8. Advisor fee

We, or our affiliates, sometimes pay fees to software advisor, or other third parties authorized by us or one of our affiliates. The fees are in exchange for their advisory services. The payment of fees depends upon several factors, including the type of agreement under which you order licenses, which licenses you order, and whether you choose to use an advisor. The fee amounts increase with the size of the orders you place under this subscription enrollment.

9. Resellers and distributors (For the reseller to complete)

You must choose a reseller in your area. A reseller is an Authorized Education Reseller ("AER") that we have authorized to distribute software under your agreement in your region. If, at any time during the licensed period you wish to terminate the relationship with your designated reseller, or if we discontinue the reseller's status as a reseller, you must choose another reseller. If you intend to change your reseller, you must notify us and the current reseller, in writing. The change in reseller will take effect on the date it is accepted by us. A distributor is authorized by us to distribute our software to your designated reseller. All fields below are required.

Reseller information	Distributor information
Reseller name SHI	Distributor name
Headquarters street address 2 Riverview Drive	Headquarters street address
City and State / Province Somerset, NJ	City and State / Province
Country and Postal Code USA 08873	Country and Postal Code
Contact name and title / Licensing Specialist	Contact name and title
Phone number 888-764-8888	Phone number
Fax number 888-764-8889	Fax number
Email address msteam@shi.com	Email address

The undersigned acknowledges they are the reseller of record

Name of Reseller	
SHI	
Signature	
Printed name	
Printed title	
Date	