

AGREEMENT

To Participate in the ILSDO Group Purchase of Wilson Select Database

This Agreement is between _____ (**Library**) and the Illinois Library System Directors Organization (ILSDO). As a participant in the ILSDO Group Purchase of Wilson Select Plus, I understand that the **Library** has unlimited access to the Wilson Select Plus database negotiated by ILSDO through OCLC.

In return for said service, the **Library** agrees to pay the fee as established by ILSDO. Fees shall be paid to the Lincoln Trail Libraries System acting on behalf of ILSDO.

For the time period of September 15, 2008, through September 14, 2009, the **Library** fee is (check the appropriate box):

Lib Type/tier	Student/Pop	Cost	
Academic 1	1 – 2500	\$300	<input type="checkbox"/>
A 2	2501 – 5000	\$600	<input type="checkbox"/>
A 3	5,001 – 10,000	\$1,200	<input type="checkbox"/>
A 4	10,001 – 30,000	\$2,500	<input type="checkbox"/>
A 5	30,001 +	\$3,000	<input type="checkbox"/>
Public 1	1 – 7,000	\$150	<input type="checkbox"/>
P 2	7,001 – 20,000	\$300	<input type="checkbox"/>
P 3	20,001 – 50,000	\$600	<input type="checkbox"/>
P 4	50,001 – 75,000	\$1,200	<input type="checkbox"/>
P 5	75,001 – 200,000	\$2,500	<input type="checkbox"/>
P 6	200,001 +	\$3,000	<input type="checkbox"/>
Special 1	All	\$300	<input type="checkbox"/>

Lib Type/tier	Student/Pop	Cost	
Community College 1	1 – 7500	\$300	<input type="checkbox"/>
CC 2	7501 – 20000	\$600	<input type="checkbox"/>
CC 3	20,001 +	\$1,200	<input type="checkbox"/>
School 1	1 – 2,500	\$150	<input type="checkbox"/>
S 2	2,501 – 5,000	\$300	<input type="checkbox"/>
S 3	5,001 – 7,500	\$600	<input type="checkbox"/>
S 4	7,501 – 12,000	\$900	<input type="checkbox"/>
S 5	12,001 – 100,000	\$1,200	<input type="checkbox"/>
S 6	100,001 +	\$3,000	<input type="checkbox"/>

Please provide the following information:

Name: _____

Email: _____

Phone Number: _____

Library Address _____

City, Zip Code _____

By signing this agreement, the **Library** agrees to abide by recognized licensing rules and to pay the fee as established by ILSDO.

Director/Librarian

Governing Authority

Library Name

Title

Date

Date

Please return signed agreement to Amanda McKay, Special Projects Coordinator, Illinois Library Systems Directors Organization, 6725 Goshen Road, Edwardsville, IL 62025. You may also fax this agreement to Ms. McKay's attention at 618.656.9401.