

**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. Bills will be sent via email starting June 15, 2009 and payment is due by October 31, 2009. Late payments will incur a late charge.

For the time period of September 15, 2009, through September 14, 2010, the **Library** fee is (check the appropriate box):

Lib Type/tier	Student/Pop	Cost	
Academic 1	1 – 2500	\$450	<input type="checkbox"/>
A 2	2501 – 5000	\$900	<input type="checkbox"/>
A 3	5,001 – 10,000	\$1,800	<input type="checkbox"/>
A 4	10,001 – 30,000	\$3,750	<input type="checkbox"/>
A 5	30,001 +	\$4,500	<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	\$450	<input type="checkbox"/>
CC 2	7501 – 20000	\$900	<input type="checkbox"/>
CC 3	20,001 +	\$1,800	<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. You will receive an email confirmation that your agreement was received.