Schedule B

Premium Service Contacts for Washington State MLA

Agency Information: Primary Support Site

Agency Name:_____

Address:_____

City, State, Zip:_____

Agency Contact:_____

Phone/Fax/E-mail:_____

Annual Discounted Maintenance Fee: $_____

This customer qualifies for Premium Support Level __ based on the annual discounted maintenance fee.

This customer qualifies for __ Maintenance 1 or __ Maintenance 2 based on the annual discounted maintenance fee.

Support Contacts (Please identify the appropriate Support Contacts and Novell Support Connection CD Subscriptions below. If additional space is required, attach additional copies of this schedule.

Location/Program Name:_____

Address:_____

City, State, Zip:_____

Phone/Fax:_____

E-mail:_____

Location/Program Name:_____

Address:_____

City, State, Zip:_____

Phone/Fax:_____

E-mail:_____

Schedule B
Premium Service Contacts (Continued)

Please fill out address information for any additional subscriptions you qualify for or wish to purchase under the MLA:

Location/Program Name: _____

Address:_____

City, State, Zip:_____

Phone/Fax:_____

E-mail:_____

Location/Program Name:_____

Address:_____

City, State, Zip:_____

Phone/Fax:_____

E-mail:_____

Location/Program Name:_____

Address:_____

City, State, Zip:_____

Phone/Fax:_____

E-mail:_____

Location/Program Name:_____

Address:_____

City, State, Zip:_____

Phone/Fax:_____

E-mail:_____

Location/Program Name: _____

Address:_____

City, State, Zip:_____

Phone/Fax:_____

E-mail:_____

Location/Program Name:_____

Address:_____

City, State, Zip:_____

Phone/Fax:_____

E-mail:_____

Location/Program Name: _____

Address:_____

City, State, Zip:_____

Phone/Fax:_____

E-mail:_____

Location/Program Name:_____

Address:_____

City, State, Zip:_____

Phone/Fax:_____

E-mail:_____

Schedule B
MLA Coordinators (Required)

Novell Support Connection CD Recipient

Name:_____

Title/Dept: _____

Address:_____

City, State, Zip:_____

Phone/Fax: _____

E-mail:_____

LogicSource CD Recipient

Name:_____

Title/Dept: _____

Address:_____

City, State, Zip: _____

Phone/Fax:_____

E-mail:_____

Education Vouchers Recipient

Name:_____

Title/Dept: _____

Address:_____

City, State, Zip:_____

Phone/Fax: _____
E-mail:_____

Turn in completed form to DIS with order for Premium Services.