

FREE TRIAL REGISTRATION FORM FOR INSTITUTIONS

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If you have any queries or comments, please contact us at colssunesco@gmail.com

1. YOUR CONTACT DETAILS

Name : _____

Job Title : _____

Institution /Consortium Name : _____

Type of institution/organization : _____

Street No : _____

Street Name : _____

Town / City : _____

Prov/State/County : _____

Postcode/Zip Code : _____

Country : _____

Phone Number : _____

Fax Number : _____

E-mail Address : _____

Preference Code : _____

(Please enter your Preference Code to take advantage of your special offer.
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Search engine or directory _____

- Link from other Web site _____
- Advertisement _____
- Magazine Article _____
- Tradeshow _____
- Other _____

2. YOUR IP ADDRESS (ES)

Institutional access to EOLSS On-Line is controlled through IP address recognition. EOLSS On-Line will add the IP address supplied in the subscription form to a database. When you access, EOLSS On-Line compares the external IP address of the inquiring computer with the IP address in the database.

Domain Name (e.g. www.mydomain.edu): _____

Examples of valid IP Addresses

Single Station : . . .

Class B Networks: . . .

Class C Networks: . . .

IP Range : . . . - . . .

. . . - . . .

Note: Use the first four boxes to enter Single Station, Class B and Class C address. Use the last four boxes to enter range address.

1. . . . - . . .
2. . . . - . . .
3. . . . - . . .
4. . . . - . . .

For additional IP address please contact eolssunesco@gmail.com

Does your institution have a Firewall or Proxy Server? YES / NO

If YES, enter the external IP address of the Firewall or Proxy:

. . . - . . .

*Your external IP address is the IP address that will be seen by systems outside your organization when you are communicating via the Internet

3. CONTACT DETAILS OF YOUR NETWORK ADMINISTRATOR/LIAISON OFFICER

Name : _____

Telephone : _____

E-mail : _____

4. Type of Institution and FTE (Please check the one that applies and list the current FTE):

University / Research Establishment FTE¹: _____

Community College FTE²: _____

High School FTE³: _____

Governmental & Public Sector Org. FTE⁴: _____

Private Sector Org. FTE⁵: _____

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¹. FTE: Full Time Equivalent (Faculty, Researchers and all Students)

². FTE: Full Time Equivalent (Staff and all Students)

³. Full-time enrollment in previous fall semester)

⁴. Full Time Employees

⁵. Full Time Employees

5. DECLARATION

(Please see User License Agreement terms and conditions as indicated below.)

I have read the User License Agreement terms and accept its terms and conditions.

Name : _____

Signature: _____

Title : _____

Date : _____

Please scan as a PDF & Attachment - the completed and signed form to:

UNESCO-EOLSS Joint Committee Secretariat

UNESCO-Encyclopedia of Life Support Systems (EOLSS)

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If subscribing through an agency; name of the agency:

Contact person responsible for administration of License Agreement.

Name:

Address:

Telephone:

Fax:

E-mail:

IP Address (es):

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