

# EOLSS ON-LINE REGISTRATION FOR EDUCATIONAL INSTITUTIONS AND RESEARCH ESTABLISHMENTS

## 1. CONTACT INFORMATION (PLEASE TYPE IN CAPITAL LETTERS)

**Title** :  Prof  Dr  Mr.  Mrs.  Miss

**First Name** : \_\_\_\_\_

**Last Name** : \_\_\_\_\_

**Institution / Organization** : \_\_\_\_\_

**Address** : \_\_\_\_\_

**City** : \_\_\_\_\_

**Province/State** : \_\_\_\_\_

**Postal code** : \_\_\_\_\_

**Country** : \_\_\_\_\_

**Phone Number** : \_\_\_\_\_

**Fax Number** : \_\_\_\_\_

**E-mail Address** : \_\_\_\_\_

**Confirm E-mail Address** : \_\_\_\_\_

### Administrator Details

**Name** : \_\_\_\_\_

**Email** : \_\_\_\_\_

**Phone No** : \_\_\_\_\_

### How did you find out about EOLSS? Please specify

- Search engine or directory \_\_\_\_\_
- Link from other Web site \_\_\_\_\_
- Advertisement \_\_\_\_\_
- Magazine Article \_\_\_\_\_
- Tradeshow \_\_\_\_\_
- Other \_\_\_\_\_

**Preferred User Name** : \_\_\_\_\_

## 2. PROFILE

### i) Activity: Please select the one response below which best describes your activity:

- 1. Education
- 2. Collection Development
- 3. Librarian
- 4. Research and Development
- 5. Student
- 6. Not Applicable
- 7. Other *Please specify* \_\_\_\_\_

**ii) Primary Job Function**

- Research and Development
- Processing/Manufacturing
- Process/Project Engineering
- Corporate Management
- Student
- Other *Please specify* \_\_\_\_\_
- None

**3. PAYMENT**

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

- University / Research Establishment      FTE<sup>1</sup>: \_\_\_\_\_
- Community College                              FTE<sup>2</sup>: \_\_\_\_\_
- High School (Secondary)                      FTE<sup>3</sup>: \_\_\_\_\_
- Governmental & Public Sector Org.      FTE<sup>4</sup>: \_\_\_\_\_
- Private Sector Org.                              FTE<sup>5</sup>: \_\_\_\_\_
- Public Library - Registered Library Users or Card Holders: \_\_\_\_\_

<sup>1</sup>. FTE: Full Time Equivalent (Faculty, Researchers and all Students)

<sup>2</sup>. FTE: Full Time Equivalent (Staff and all Students)

<sup>3</sup>. Full-time enrollment in previous fall semester)

<sup>4</sup>. Full Time Employees

<sup>5</sup>. Full Time Employees

**Amount** : \_\_\_\_\_

**Payment Mode: Credit Card / Draft**

If you selected Credit Card, please specify the following:

- Cardholder Name : \_\_\_\_\_
- Credit card type : Visa / MasterCard / American Express
- Credit card number : \_\_\_\_\_
- Card Identification No : \_\_\_\_\_
- Expiry Month : \_\_\_\_\_
- Expiry Year : \_\_\_\_\_

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- Issue Date : \_\_\_\_\_

Bank : \_\_\_\_\_

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**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 [colssunesco@gmail.com](mailto:colssunesco@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

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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 : \_\_\_\_\_

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