

## ***MedLink Neurology*—Site License Service Plan**

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A site license provides an organization with online access to *MedLink Neurology* for a specified number of concurrent users. Each site license must have one billing and one administrative contact, who may be the same person. The administrator will act as the point of contact with MedLink Corporation and will provide MedLink with one or more IP addresses that will be used by the organization to access *MedLink Neurology*. Individual users are not registered under a site license.

- ▶ **Up to 3 concurrent users: \$2550 per year**
- ▶ **Up to 5 concurrent users: \$3850 per year**
- ▶ **Each additional concurrent user beyond 5: \$550 per year**

### **Terms**

Site license subscription fees are charged at the beginning of each service period and are nonrefundable. Site license subscriptions will continue and renew automatically each new service period, unless changed or terminated.

Contact MedLink Corporation at any time to switch to another available service plan or to terminate service. Changes and terminations are effective at the conclusion of the paid service period.

Payments must be made in **US dollars**, preferably with a credit card (Visa, MasterCard, or American Express). A purchase order is required if payment cannot be provided by credit card. Invoices must be paid by the due date to ensure uninterrupted service. Contact MedLink Corporation if purchase orders are not available. Account statements showing credit card payments will be provided via e-mail and, on special request, via postal mail.

# MedLink Neurology—Site License Registration Form

## Administrative Contact

(The administrative contact will act as the point of contact with MedLink Corporation.)

<b>First Name:</b>		<b>Last Name:</b>	
<b>Address:</b>			
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Postal Code:</b>
<b>Country:</b>			
<b>Phone:</b>		<b>Fax:</b>	
<b>Email:</b>			

## Site License Service Plan Information:

Select a service plan:

- ▶ Up to 3 concurrent users: \$2550 per year
- ▶ Up to 5 concurrent users: \$3850 per year
- ▶ Each additional concurrent user beyond 5: \$550 per year

**Number of Concurrent Users:** \_\_\_\_\_ → **Price:** \$ \_\_\_\_\_

**Additional Concurrent Users:** \_\_\_\_\_ X \$550 → **Price:** \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

## Site Access Information

Provide one or more IP addresses, or range(s) of IP addresses, used by your site to access the Internet. You may obtain this information from your system administrator. Access to *MedLink Neurology* will be available only from computers accessing the Internet from these IP addresses. All IP addresses provided must be under the control of the site.

<b>IP Range 1:</b>	<b>From</b>	_____	<b>To</b>	_____
<b>IP Range 2:</b>	<b>From</b>	_____	<b>To</b>	_____
<b>IP Range 3:</b>	<b>From</b>	_____	<b>To</b>	_____
<b>IP Range 4:</b>	<b>From</b>	_____	<b>To</b>	_____
<b>IP Range 5:</b>	<b>From</b>	_____	<b>To</b>	_____

Please fax this completed form along with a completed Payment Information Form to MedLink Subscriber Services at (619) 640-4664. If you have any questions regarding your *MedLink Neurology* site license, please contact Subscriber Services.

# MedLink Neurology—Payment Information Form

## Billing Contact

First Name:		Last Name:	
Address:			
Address:			
City:		State:	
		Postal Code:	
Country:			
Phone:		Fax:	
Email:			

## Payment Method Authorization – Credit Card or Purchase Order

Visa  MasterCard  American Express

OR

Purchase Order

Credit Card Number
Signature of Cardholder
Expiration Date on Card (mm/yy)
Printed Name as it Appears on Card
Reference Number (if required)

Purchase Order Number
Authorized Signature
Print Name
Title

## Credit Card Billing Information (Credit Card Payments Only)

Same as Billing Contact

First Name:		Last Name:	
Address:			
Address:			
City:		State:	
		Postal Code:	
Country:			
Phone:		Fax:	
Email:			

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