KENT STATE UNIVERSITY LIBRARIES   **PRICE REQUEST**

SERIALS DEPARTMENT
LIBRARY, ROOM 370
KENT, OHIO   44242
330-672-5000
E-MAIL: SERIALS@KENT.EDU

SUBMIT TO Kay Downey (mdowney1@kent.edu)

Price Request No. _____ (system supplied)

_____

Requested By: ***Name: _____**

* E-mail: _____

*Telephone No.: _____

*Requesting Department: _____

*Date This Request Submitted _____

*Date Pricing Needed: _____

_____

Title Information:

*Title: _____ Publisher: _____

Type of Resource: ___ database ___journal ___e-book(s) ___Other:_____

Publisher Website URL: _____

Would you like a trial for this resource: _____yes _____no

If so, when would you like it to start? _____

Where did you hear about this resource? _____

Please note: We will obtain pricing for online-only format whenever possible, unless otherwise specified.
        Please request quote for _____ print ____CD/DVD ____Other format:_____

Additional comments or information: _____

_____

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For Serials Staff Use:

Rec. MCD _____ Rec. MMS _____ Assigned to _____ on _____ Date Price sent to Liaison & MCD _____

Other holdings in KentLINK? .b _____ Cancel print? _____ OhioLINK access? _____

Pricing: Source of quote: _____ Rep Name:_____

Rep Phone: _____ Rep e-mail: _____

Kent only price: _____ Kent + regionals price: _____ Pricing expiration date: _____

125% price Kent only price: _____ 125% price Kent + regionals price: _____

Subscription details: IP access? _____ Username/ password? _____ Usage statistics available? _____

License required? _____ Limit on simultaneous users per title? _____ If so, how many SU per title? _____

Access to archives? _____ How far back? _____ Add'l cost to purchase archives package: _____

Archival rights upon subsc. cancellation? _____ Do we own content or are we leasing? _____

If package, other titles included: _____

Inter. lib. loan rights included? _____   Any discounts available? _____

Notes: _____

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