



**EBSCO Alt-HealthWatch
Subscription Form
July 1, 2009 - June 30, 2010**

Institution name: _____ **Date:** _____

Address: _____

Contact person: _____ **Email:** _____

Phone: _____ **Fax:** _____

Authorizing signature: _____ **Title:** _____

Please choose:

- Alt-HealthWatch* including unlimited remote access at a cost of **\$700/Member**
- Alt-HealthWatch* including unlimited remote access at a cost of **\$1,050/Non-Member**

For EBSCO to authenticate my library:

- My IP address or address range (must be the same for every session) is:

- I do not have a static IP address; my library requires a username and password.

A purchase order is attached to this form:

- Yes
- No; my library does not require purchase orders

Please return this form to LILRC:

Long Island Library Resources Council
627 N. Sunrise Service Rd.
Bellport, NY 11713-1540

Or by fax: 631-675-1573
Attn: Min Liu

Long Island
Library Resources Council

627 N. Sunrise Service Rd.
Bellport, NY 11713-1540

Min Liu, Assistant Director
Tel: 631-675-1570, X:203
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