

**Adobe CLP Agreement 2017 Institution Participation Form
for Further and Higher Education Institutions**

Please complete all parts of this form and return it to: help@eduserv.org.uk

1. **Full name of Institution:**
2. **Participation period:** the Institution may elect to join the Agreement as an Affiliate Member at any point during the two year period 1 March 2017 to 28 February 2019 (the termination date of the Agreement). At whatever point the Institution joins the Agreement the Institution shall be committed to remain as an Affiliate Member until the termination of the Agreement.
3. **Fee:** the Fee to join this Agreement is £0.
4. **Terms and Conditions:** in completing this form and returning it to Eduserv the Institution is deemed to be submitting an application to participate as an Affiliate Member in the Eduserv Chest/Adobe CLP Agreement 2017 (the Agreement) and to have accepted all terms and conditions of it. A copy is available to view on the Eduserv website. Upon Eduserv's acceptance of the Institution's application, Eduserv will email the below-named person to confirm that the Institution is admitted to the Agreement, with details of how to order products from Adobe's website through nominated Resellers. Orders for products should not be sent to Eduserv. Institution may place orders on any participating Reseller. A list of participating Resellers is available to view on the Eduserv website. Eduserv's liability in relation to the Institution in all matters connected to the Agreement is limited to the return of the Fee (see "3" above) to the Institution. Eduserv accepts no liability whatsoever in connection to the products available under the Agreement. Any dispute in connection with the products is a matter to be decided between the Institution and Adobe and/or the supplying nominated Reseller.

5. **Please indicate your nominated Reseller:**

Academia		CDW	
Comparex		Insight	
Phoenix Software		Softcat	

The following must be completed by a responsible officer of the Institution:

Title **Forename**..... **Surname**.....

Position

Department.....

Address

.....

Email **Phone**.....

The above-named person whose signature is appended below will receive all communication from Eduserv regarding administration of the Eduserv Chest/Adobe CLP Agreement 2017 and all information pertaining to any renewal or extension of it.

Signed..... **Dated**