

**Please complete and sign the form on the next page and return as shown below.**

The form may be sent to Will Stuivenga, using one of the three methods below:

- 1) Scan as PDF and e-mail to: [will.stuivenga@sos.wa.gov](mailto:will.stuivenga@sos.wa.gov)  
Subject: Off the Page Intent to Participate form
  
- 2) Fax to: 360.586.7575  
Attention: Will Stuivenga  
Off the Page Project
  
- 3) Or mail to: Will Stuivenga  
Off the Page Project  
Washington State Library  
P.O. Box 42460  
Olympia, WA 98504-2460

If you have questions about filling out this form, please contact:

Will Stuivenga  
Cooperative Projects Manager  
[will.stuivenga@sos.wa.gov](mailto:will.stuivenga@sos.wa.gov)  
360.704.5217  
Toll free: 866.538.4996

# Off the Page: Downloadable Audiobooks & eBooks for Washington

## *Intent to Participate Form*

**YES**, this institution (library, school, etc.) intends to participate in the Downloadable Audiobooks & eBooks project. By signing this form, it is acknowledged that the institution will be required to pay for the service it selects, and that the institution will also be required to agree to the provisions of one or more further legal agreements, depending on the vendor and other choices made.

### Participating Institution Information

---

1. **Institution Name:** \_\_\_\_\_

Institution Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. **Official Contact Information** (the individual who will serve as the primary official contact for the institution):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. **Institution Type:**

K-12 (Please specify grade levels): \_\_\_\_\_

4-year academic

2-year academic (CTC)

Public library | Tribal library

4. **Count (FTE or Annual Circulation):** For schools and academic institutions, use the latest available FTE enrollment numbers; school districts may provide a total number here, but must list individual schools with address, contact name, e-mail address, phone number, and FTE enrollment for each, on one or more separate sheets; for public libraries selecting Recorded Books, provide total annual circulation (the most recent number submitted to the State Library for the Washington Public Library Statistics); for tribal libraries: provide the number of tribal members served by the library: \_\_\_\_\_

### Participation Choices

---

1.  **OverDrive** (Open only to public libraries serving a population of fewer than 100,000 without a current OverDrive subscription)

2.  **Recorded Books/RBDigital** (This choice is open to all non-profit public, academic, and K-12 school libraries in Washington).

Please select the Recorded Books package(s) to which your institution wishes to subscribe:

Core (Adult) Collection

Children's Collection

Audiolibros (Spanish) Collection

Children/Young Adult Collection

Young Adult Collection

Academic Collection

3. **Desired start date:** \_\_\_\_\_

**Notes or other information:**

### Signature

---

\_\_\_\_\_

Date: \_\_\_\_\_

Signature of authorized individual

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_