

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

The form may be sent to Bryan Murray, using one of the three methods below:

- 1) Fax to: 408.716.3148
Attention: Bryan Murray
Connect with Your Library renewal
- 2) Scan as PDF and e-mail to: bryan@boopsie.com
Subject line should read: Connect with Your Library Intent to Renew Form
- 3) Or mail to: Bryan Murray
Boopsie for Libraries
157 S. Murphy Ave.
Sunnyvale, CA 94086

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

Bryan Murray	Carolyn Petersen	Will Stuiivenga
Boopsie for Libraries	Washington State Library	Washington State Library
Director, Account Management	Assistant Program Manager	Cooperative Projects Manager
bryan@boopsie.com	carolyn.petersen@sos.wa.gov	will.stuiivenga@sos.wa.gov
916.214.2345	360.570.5560	360.704.5217

Connect with Your Library: a Mobile App for Washington Libraries *Intent to Renew Form*

YES, this library intends to renew in the mobile app project.

By signing this form, it is acknowledged that the institution will be renewed at the below fee and that the institution agrees to the provisions of the Boopsie license, which WSL has vetted as part of the contracting process.

- Annual Subscription Fee List Price: \$xxxx (price without WA State Library discount)
- [] Fees for Years 2-4 with WA State Library Discount: \$xxxx, due on the Effective Date

FEES AND PAYMENT TERMS. The Initial Fees are due and payable in US Dollars on the Effective Date. The respective Annual Subscription Fee for subsequent years is due in US Dollars on each applicable anniversary of the Effective Date, and is payable within thirty (30) days of the date of invoice. Upon execution of this Agreement, the Implementation Fee and the First Year Subscription Fee are non-refundable and non-cancelable, and all payments made by Customer under this Agreement are non-refundable, except as expressly provided in the License and Hosted Service Terms.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized officers or representatives as of the Effective Date.

Participating Institution Information

1. **Institution Name:** _____

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

Name: _____ Title: _____

Telephone: _____ E-mail: _____

x _____ Date: _____

Signature of authorized individual Telephone: _____

Print Name: _____ E-mail: _____

Title: _____