

# Contact information

Please help ensure that we have the appropriate contacts for each of the Maplesoft Services that your campus is eligible for. Please complete the following and returning with your renewal.

## Renewal Contact

Will receive all renewal notices and upgrade information and access information for [www.mapleprimes.com](http://www.mapleprimes.com)

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

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Address on Campus: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

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

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

## Technical Representative 1

System Administrator or another IT contact

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

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Address on Campus: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

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

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

## Full Upgrade Shipping Address

All upgrades will be shipped to this address

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

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Address on Campus: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

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

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

## Technical Representative 2

System Administrator or another IT contact

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

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Address on Campus: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

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

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

## License File Recipient

The person who will receive the license files required to unlock the product

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

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Address on Campus: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

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

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

## Accounts Payable Contact

Will receive payable account information

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

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

Address on Campus: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

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

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