

ALLIANCE OF ARTISTS COMMUNITIES

ARTISTCOMMUNITIES.ORG BULK WEB SUBSCRIPTION ENROLLMENT FORM

Contact Name _____

Institution _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Audience

We intend to make web subscriptions available to (please check all that apply, and provide an estimate of how many individuals comprise each group so we can anticipate web usage):

Students # _____ Alumni # _____

Faculty # _____ Staff # _____

Other _____

A check is enclosed (please make checks payable to Alliance of Artists Communities) for \$500

Please charge \$500 to my Visa / Mastercard / AmEx / Discover

Name on card _____

Card # _____ Exp. _____

Signature _____

Please remit by mail or fax. To enroll online, please visit www.artistcommunities.org/bulk-subscription

Once payment is received, the Alliance will reply to the contact name listed above with descriptive text and instructions on accessing subscriptions.

Thank you for your partnership! We look forward to providing this service to your institution.

255 South Main Street Providence, Rhode Island 02903

tel: 401.351.4320 | fax: 401.351.4507 | aac@artistcommunities.org | www.artistcommunities.org