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INTERNAL MEDICINE | *Doctors for Adults*

Annals of Internal Medicine Back Files Perpetual Access License Application

The Authorized Signatory whose name appears below hereby requests that the institution named below be designated as an *Annals of Internal Medicine* Back Files Perpetual Access Licensee of the American College of Physicians, Inc. for (please select one):

- Annals of Internal Medicine* Full 1927-1992 Back Files Perpetual Access
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*as Mch
attached
+ agreed
10/20/2011*

Changes in institution tier, sites, or status: The Licensee agrees to notify ACP in writing in the case of any increases in the Licensee's tier (size), authorized sites (IP addresses), or provision of local versus proxy (remote) access beyond what is represented to ACP at the time of execution of this License, upon ACP's request, or in subsequent verifications during the Yearly Maintenance Fee invoice process.

Application Date: October 20, 2011

Institution name: University of California, San Diego

Authorized Signature: _____

Print name: _____

Print title: _____

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Name:	_____
Title:	_____
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Email address:	_____
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Fax: (858)534-1256

Subscription Agent Handling Billing (if applicable): n/a

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	Select the Rate Schedule Tier that best describes the Licensee's institution size:		
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Univ of Calif San Diego	USA	see attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
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			<input type="checkbox"/> Yes <input type="checkbox"/> No
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			<input type="checkbox"/> Yes <input type="checkbox"/> No
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