

Subscription Form

NAME OF COLLEGE/UNIVERSITY: _____

PHI THETA KAPPA CHAPTER NAME (if applicable): _____

To avoid duplication of orders, all communication with Phi Theta Kappa concerning the Satellite Seminars should be made by the designated Site Coordinator.

SITE COORDINATOR	BILLING INFORMATION (if different)
Name: _____	Name: _____
Title/Position: _____	Title/Position: _____
Address: _____	Address: _____
No Post Office Addresses-UPS Delivery	
City: _____	City: _____
State: _____	State: _____
Zip: _____	Zip: _____
Telephone: _____	TECHNICAL REPRESENTATIVE
Fax: _____	Name: _____
Email: _____	Email: _____

SUBSCRIPTION FEE SCHEDULE Please select one option by circling the appropriate corresponding fee.

	Subscription Form Received by September 15, 2007	Subscription Form Received after September 15, 2007
I wish to receive the satellite coordinates to downlink the live broadcasts.	\$350	\$425
I wish to receive the satellite coordinates to downlink the live broadcasts and access to the video download and web stream of the broadcasts.	\$400	\$475

Honors Satellite Seminar subscriptions are for institutional subscribers only and are password protected. Access may be provided to students who are currently enrolled or faculty who are teaching at the subscribing college. Downloads may be used for instructional use only and no fees may be charged for viewing. Any unauthorized use of the program or violation of the terms of the agreement will result in automatic cancellation of the subscription and future access to programs. The online video download will be available in the week following each seminar and will be accessible until January 7, 2008. Subscription fees are non-refundable.

I understand and agree that I, the site coordinator, am responsible for providing access to the program under the terms of this agreement.

Signature of Site Coordinator _____

METHOD OF PAYMENT

A check or institutional purchase order made payable to Phi Theta Kappa must be received no later than September 15, 2007. Please include payment with subscription form.

Circle One: Check Purchase Order Credit Card: American Express Discover MasterCard Visa

College Purchase Order #: _____ Check # _____

Card Number: _____ / _____ / _____ / _____ / Expiration Date: _____

Cardholder Name: _____ Cardholder Billing Zipcode: _____

Cardholder Signature: _____ CVV2: _____

Return this subscription form to:
NCHC/Phi Theta Kappa Satellite Seminar Series
 1625 Eastover Drive
 Jackson, MS 39211
 Fax: 601.984.3546

Please direct subscription questions to:
Tria Cohen
 tria.cohen@ptk.org
 601.984.3515

The institution listed above wishes to subscribe to the 2007 NCHC/Phi Theta Kappa Honors Satellite Seminar Series. The institution agrees to pay a subscription fee according to the fee schedule above.

Online downloads will be available in the week following the live broadcasts.

NCHC/Phi Theta Kappa may substitute presenters if it becomes necessary to do so. NCHC/Phi Theta Kappa may cancel the 2007 Satellite Seminars for lack of sufficient subscribing colleges/universities by sending written notice to all subscribers by September 28, 2007. In this event, subscribers shall be entitled to a full refund of any paid subscription fees.

If for any reason a subscribing college/university experiences technical difficulty due to complications on the receiver's end, the online download will be available to the subscriber. If a technical difficulty results from complications on the satellite sender's end, the program will be rebroadcast at a later date or the online download will be provided to the subscriber at no charge.