

Annals of Internal Medicine Backfiles Perpetual Access Terms and Conditions

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Authorized signature: _____

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Appendix A. Specifications for Account Administration, Access, and Authentication

Contact Person : The following person is appointed as ACP's key contact person for this institution.

Name _____

Title _____

Postal Address _____

Email Address _____

Phone _____

Fax _____

Subscription Agent (if applicable)

Subscription Agent Handling Billing _____

Agency Contact Person _____

Authorized Sites

Please list below the locations and IP addresses or Athens IDs of each site for this institution. To use Shibboleth authentication or to add more locations, email sitelicense@acponline.org.

Site Name	Site Location (City, State or Province)	IP Address or Athens ID