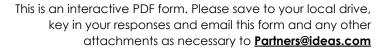




EXPRESSION OF INTEREST FORM

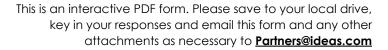
A. PROSPECTIVE ACADEMIC PARTNER DETAILS				
1 Name of False	itional Institution			
	ational Institution			
3. City	4. State/Province	5. Zip/Postal Code	6. Country	
7. Phone	8. Fax	9. Website		
10. Brief descriptic	on of applicable course/acaden	nic program:		
11. Level of applic	able course/program (Graduat	e, Undergraduate, Executive	Education, etc.):	
12. Primary langua	age of instruction:			
13. Number of stud	dents (Expected to eventually take a	dvantage of IDeaS RMS products 8	& knowledge resources):	
_ < 50	1 00 - 200			
50 - 100	~ < 200			
	nic Partners are featured in the P		•	
	ions, logos and links to their web	วรแบร. visii www.iaeas.com/p	unners to see a list of IDeas'	
Academic Partne	rs.			
logo with this f	e a link to the logo you want to boorm:		lectronic file for your	





15. Each logo has a	corresponding link from www.ideas.com. What is the url you want your logo linked to
http://	
16. Please provide tl (maximum 75 wo	he description of your institution you want to be included on www.ideas.com ords):
(check applicab	·
□ 0 – 1 month	2 – 3 months
☐ 1 – 2 months	☐ 6 months or more
	start date of your academic calendar when you expect IDeaS knowledge resources iilable to your students:
19. Please indicate i Management sc	f your institution currently owns/uses a license of a Pricing and/or Revenue olution:
Yes	■ No
20. If yes, please ind by your institution	icate names of the Pricing and Revenue Management solutions currently in use n:

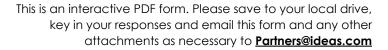






B. DESIGNATED CONTACT/PRIMARY INSTRUCTOR DETAILS		
1 Namo	2. Job Title	
3. Phone	4. Email	
5. Brief descrip	tion of educational background/experience:	
	ate if you have used IDeaS Software Solutions before? (check applicable box below):	
Yes	□ No	
	be your experience with the IDeaS (when and in what capacity did you use are Solutions?):	
8 Briefly descri	be how you plan to use the IDeaS knowledge resources you will have access	
	ogram in the classroom:	
	cate if you have reviewed the Program Document about the Academic Partner Program on	
www.ideas.a	com/partners	
Yes	□ No	







10. Please list any specific questions you may have for the IDeaS Program Manager at this time:
11. Date of submission (enter the date you plan to submit this form):
Expression of Interest Forms will be reviewed in the order they are received. If this form is accepted by IDeaS Revenue Solutions, you will be contacted to discuss next steps.

Thank you for your interest in the IDeaS Academic Partner Program.

