



ASSOCIATE PROGRAM

Available to technology, telecommunications, professional services, or technology services-related organizations. The Associate Program is led by an Executive Sponsor (typically the senior-most marketing or services marketing executive) and includes unlimited access for anyone in the organization to ITSMA's Online Research Library, briefings, and special client rates for ITSMA's conference, workshops, and other add-on services.

PROGRAM TERMS AND CONDITIONS

- The annual program term begins on the nearest quarterly start date (January 1, April 1, July 1, October 1).
- Program fees are due immediately upon joining ITSMA and on annual anniversary dates.
- Clients must designate an Executive Sponsor to serve as lead management representative to ITSMA. Executive Sponsors are typically the senior-most marketing or services marketing executive.
- Clients may register unlimited staff to receive individual passwords to ITSMA's Online Library.
- Program participation will automatically renew on the anniversary date at the then-current fee unless termination notice is received at least 30 days prior to renewal date.
- This agreement may be cancelled at any time by either party.

NONDISCLOSURE STATEMENT

- ITSMA and the Client will have access to proprietary information and documents owned by the other party.
- Neither party has the right to disclose proprietary information, either during the term of this agreement or at any time thereafter, except as required to fulfill the obligations under this agreement.
- Neither ITSMA nor the Client shall publish, release, or otherwise make available to any other party the proprietary information or materials without specific written authorization from the other party.

ONLINE RESEARCH LIBRARY ACCESS TERMS AND CONDITIONS

- ITSMA's Online Research Library includes all archived ITSMA publications previously distributed as part of the program. Access to sponsored (multiclient) research reports and custom research studies are not included.
- ITSMA will provide individual passwords to any eligible representative of a client company; passwords cannot be transferred or used by others.
- ITSMA will provide online access passwords only upon full payment of program fees and will terminate passwords upon nonrenewal.
- All documents in ITSMA's Online Research Library are covered by standard copyright laws, under which items cannot be copied or redistributed without permission from ITSMA. Sponsors and delegates are encouraged to distribute copies of client research reports within their organizations but not externally.
- Information from the Online Research Library cannot be stored or displayed permanently within any Intranet site of any client company without a separate written agreement with ITSMA.

Online Form Instructions: First, save this document to your hard drive. To fill out this form, simply tab to each cell and type in your response. There is no reasonable limit to the amount of data each cell can accept. Check boxes accept a typed "x" or mouse-click.

Executive Sponsor

Name _____ Title _____
 Company _____ Dept/Division _____
 Address1 _____
 Address2 _____
 City _____ State _____ Post-Zip Code _____ Country _____
 Phone _____ Fax _____ Email _____

I have read, authorized, and agree to abide by the terms and conditions stated herein for this program agreement.

Signature [The email you've sent with this attached document is your legal signature authorizing the agreement.] _____ DATE _____
 [MM/DD/YY]

Coordinator

In addition to an Executive Sponsor, a Coordinator is often helpful to serve as program liaison for activities. This may be a member of the Executive Sponsor's team.

Name _____ Title _____
 Company _____ Dept/Division _____
 Address 1 _____
 Address 2 _____
 City _____ State _____ Post-Zip Code _____ Country _____
 Phone _____ Fax _____ Email _____



ANNUAL ASSOCIATE PROGRAM FEES

Program category is based upon total company-wide revenue for the most recent financial reporting year.

Table with 3 columns: Category, Total Revenue, Annual Fee. Rows: A (> \$100M, \$7,500), B (< \$100M, \$5,000), C (< \$25M, \$3,500)

Company Name: _____

Category: _____ Annual Start: JAN APR JUL OCT

Corporate Fee: _____

Initiation Fee (new clients only): _____

Additional Team Fee: _____

Additional Offerings Fees: _____

Total: _____

Billing Information

Accounts Payable Contact _____

Address _____ Mail Stop _____

City _____ State _____ Post-Zip Code _____ Country _____

Phone _____ Fax _____ Email _____

Payment (Due Upon Receipt)

Authorized Purchase Order. Purchase Order # _____

Wire Transfer (contact ITSMA Accounting for details, Ext. 116)

Check Enclosed – Payable to ITSMA in \$USD (ITSMA Tax ID 04-2706960)

Credit Card Visa MasterCard/Diners Club American Express

Card # _____ Exp. Date _____ [MM/DD/YY]

Cardholder Name _____ Security Code _____

Billing Address _____ City _____

State _____ Post Zip Code _____ Country _____

Phone _____ Email _____

Signature [The email you've sent with this attached document is your legal signature authorizing the agreement.] _____ Date _____

[MM/DD/YY]

PLEASE RETURN COMPLETED AGREEMENT FORM TO ITSMA VIA FAX AT +1-781-674-1366 OR EMAIL TO CJJEFFERSON@ITSMA.COM