

OverDrive® Advantage 2.0 Enrollment Form

Shared Collection Information

Name of Shared Collection: _____

URL of Shared Collection: _____

Participating Library Information

Participating Library Name: _____

Sample Library Card Number (for testing purposes): _____

PIN (If Applicable): _____

Participating Library Accounting Contact

Name: _____

Email: _____

Telephone: _____

Fax: _____

Address: _____

City _____

State _____

ZIP _____

Participating Library Collection Development Contact

Name: _____

Email: _____

Telephone: _____

Fax: _____

OverDrive sends emails about promotions, new products and services. By checking this box, you consent to receiving OverDrive's communications and promotional emails to your Primary Contact email address. These emails also include an easy method to manage your subscription(s), including unsubscribing to future emails.

Terms and Conditions:

- Participating Library must be a current OverDrive customer and participating in an OverDrive consortium or shared collection and have the ability to authenticate library patrons as part of an individual library.
- Participating Library must set up a separate account with OverDrive and will be invoiced separately for their titles.
- Participating Library acknowledges fees or costs related to MARC records, SIP or similar protocol for patron authentication are not included, and shall be at Participating Library's own expense.

Advantage Enrollment Fee:

- The Advantage Enrollment Fee is **\$250 USD**. This fee will be applied as an OverDrive Advantage **content credit**. Participating Library has access to purchase additional content at any time, as long as account is in good standing.

Advantage Collection Development Requests (Please check or complete all that apply):

- Popular Titles _____ Please specify subjects: _____
- High Consortium Holds _____
- Other (Please specify): _____

Acknowledgement and Acceptance:

- Participating Library requests to be invoiced an amount of \$_____ USD (in addition to \$250 Advantage Enrollment Fee) for a deposit on account with OverDrive for future content collection purchases.
- Participating Library will be invoiced in the amount of **\$250 USD** for the OverDrive Advantage Enrollment Fee and agrees to be bound by the OverDrive Advantage Terms and conditions.

(Participating Library Name)

Date: _____

By Signature: _____

Name (Print): _____

Email: _____

Please complete this Enrollment Form and return by fax (216-573-6889) or email (collectionteam@overdrive.com)

For more information on OverDrive Advantage, please contact collectionteam@overdrive.com