

## REBATE APPLICATION

Send To: *The Philosopher's Index*  
c/o Philosopher's Information Center  
1616 E. Wooster Street, Suite #34  
Bowling Green, OH 43402

Amount: **\$500.00**

### Subscriber Information:

Name of Contact Person: \_\_\_\_\_

Name of Library: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Vendor Chosen: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

### Certification:

The undersigned certifies 1) that their institution has purchased a new license for *The Philosopher's Index* Online or on CD-ROM and 2) that the institution has not had a past license to *The Philosopher's Index* Online or on CD-ROM from any vendor.

**Signature and Date:** \_\_\_\_\_

Send the completed application to the above address or fax it to 419.353.8920.