



\$500 REBATE APPLICATION

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: _____

Date of Purchase: _____

CERTIFICATION:

I certify:

- 1) the institution named above has purchased a new license to *The Philosopher's Index* and
- 2) the institution named above has not had a past license to *The Philosopher's Index* Online from any vendor.

Signature: _____ Date: _____

Send the completed application to us via email or mail:

E-mail: info@philinfo.org

Toll Free: 800.476.8757

Mail:

The Philosopher's Index
c/o Philosopher's Information Center
1616 East Wooster Street, Suite 34
Bowling Green, Ohio 43402