



# Admissions Counselor Basic Training® Subscription Order Agreement

Date: \_\_\_\_/\_\_\_\_/200\_\_

To: Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Institution Name: \_\_\_\_\_ Fax: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### NACAC MEMBERS RECEIVE AN ADDITIONAL \$500 OFF THE SUBSCRIPTION PRICE!

12-Month Subscription: \$3,500.00

NACAC Membership:  Yes (discount \$500)

No

The executor of this document acknowledges that he/she is entering into a binding agreement on behalf of his/her institution with the National Research Center for College & University Admissions d/b/a Center for Enrollment Leadership ("CEL") as a subscriber to CEL's Admissions Counselor Basic Training (ACBT).

Each user covered by this agreement agrees, without limitation or qualification, to be bound by CEL's Terms & Conditions of Use, Copyright and Privacy Policies and related Legal Notices. These documents can be found at [www.enrollmentleadership.com](http://www.enrollmentleadership.com), and CEL reserves the right to change those Policies and Notices at any time. NACAC membership must be renewed annually to maintain the NACAC member discount.

The term of this agreement shall be for 12 months, beginning on the date the Usernames and Passwords are established (normally on or before the 5<sup>th</sup> business day following the receipt of this Subscription Order Agreement). At the end of each 12-month term, this agreement shall be extended and renewed for an additional 12-month term at the then-current published price unless the subscriber provides CEL with written notice of termination at least thirty (30) days prior to the end of the then-current term. CEL may cancel the automatic renewal terms by notifying the subscriber that CEL does not want to renew the agreement.

The initial subscription invoice will be generated upon receipt of this agreement and is due upon receipt. If payment is not received within 90 days of receipt of the invoice, the subscription will be suspended until payment is received.

Acknowledged and agreed to by:

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_ PO # \_\_\_\_\_

**To complete your order - Please sign and fax this form to 816-347-1055**