

FORM FOR PROVIDING IP ADDRESSES

PLEASE FAX THE COMPLETED FORM TO NCTE CUSTOMER SERVICE AT 217-328-9645 OR MAIL TO:

**NCTE CUSTOMER SERVICE
1111 W KENYON ROAD
URBANA, IL 61801**

Please provide the following:

- Institution Name (As it is printed on the magazine mailing label)
- Address
- NCTE Customer ID (Located above the Institution Name on the magazine mailing label)
- Name of all NCTE Journals received for this institution
- IP Addresses

Institution Name _____

Customer ID# _____

Street _____

City _____ State _____ Zip _____

Email _____

Titles of all NCTE Journals received _____

IP Address _____

