

**NoveList/NoveList K-8 Application/Invoice Instructions**  
**E-RICH ELECTRONIC RESOURCES**  
**ILLINOIS STATE LIBRARY**

- Please submit a separate form for each library building, branch or satellite.
- Payment may be combined if paying for more than one location.
- Payment must accompany three copies of the application/invoice.
- Purchase orders are not an acceptable form of payment.
- Check must be made payable to Metropolitan Library System - FEIN #14-1906975
- No payments will be accepted after September 30, 2007.
- Return 3 copies of the form with payment by September 30, 2007 to:

Illinois State Library  
Gwendolyn Brooks Building  
Accounting Department  
300 South Second Street  
Springfield, Illinois 62701-1796

If you have questions, please contact Gwen Harrison at [gharrison@ilsos.net](mailto:gharrison@ilsos.net) or call 217-785-7334

**PAYMENT AND FORM ARE REQUIRED FOR PARTICIPATION**

**NoveList/NoveList K-8 Application/Invoice  
E-RICH ELECTRONIC RESOURCES  
ILLINOIS STATE LIBRARY**

Renewal Subscription from FY2007?  YES  NO

**DEADLINE FOR PAYMENT IS SEPTEMBER 30, 2007**

Library's ELI Control # \_\_\_\_\_ - \_\_\_\_\_

To find your library's ELI Control # go to: <http://www.elillinois.org>

**Name of Library** \_\_\_\_\_  
*Use legal name of library and school district name and number*

**Address** \_\_\_\_\_  
*Street Address* *City, State and ZIP*

**Contact Person** \_\_\_\_\_  
*Librarian responsible for day-to-day use*

**Contact Person E-mail Address** \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Name of Person Authorized to Sign for Agency *(please print or type)* \_\_\_\_\_

Phone Number and E-mail of Person Authorized to Sign for Agency \_\_\_\_\_

**Signature of Person Authorized to Sign for Agency** \_\_\_\_\_  
*Date*

Academic  Public  High School  Special  **\$175.00 per building**

Middle School  Elementary School  **\$100.00 per building**

TOTAL AMOUNT ENCLOSED \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

BY PARTICIPATING IN THIS SERVICE, THE ABOVE SIGNED INSTITUTION AGREES TO PARTICIPATE  
IN THE LICENSE AGREEMENT FOR NOVELIST/NOVELIST K-8

***Payment can be combined - use one form per library building, branch or satellite***

<p>Keep a copy of this form for your records</p> <p style="text-align: center;"><b>Make check payable to: METROPOLITAN LIBRARY SYSTEM FEIN #14-1906975</b></p> <p style="text-align: center;"><b><i>Purchase Orders are NOT an acceptable form of payment</i></b></p>	<p style="text-align: center;"><b>Return 3 copies of this form with payment by September 30, 2007 to:</b></p> <p style="text-align: center;"><b>Illinois State Library Accounting Department 300 South Second Street Springfield, Illinois 62701-1796</b></p>
---	---

If you have questions, please contact Gwen Harrison at [gharrison@ilsos.net](mailto:gharrison@ilsos.net) or call 217-785-7334