

ATTACHMENT 7

Microsoft Select Plus Licenses and Assurance Registration form

Select Plus Affiliate Registration Form

Registration Type <i>Reseller to complete</i>	Lead Affiliate <input type="checkbox"/> Additional Affiliate <input checked="" type="checkbox"/>	Organization Type <i>Reseller to complete</i>	Corporate <input type="checkbox"/> Government <input checked="" type="checkbox"/> Academic <input type="checkbox"/>
Additional Affiliate Public Customer Number (PCN) <i>Reseller to complete</i>		Lead Affiliate Public Customer Number (PCN) <i>Reseller to complete</i>	A43515A8
Qualifying Contract <i>Reseller to complete</i>		Change Affiliate Anniversary Month <i>Reseller to complete</i>	January
Agreement Number <i>Microsoft or Reseller to complete</i>	7756479	Previous Enrollment / Registration (Optional) <i>Reseller to complete</i>	

By registering, Registered Affiliate accepts and agrees to be bound by the terms of the agreement and any applicable attachments (the "Agreement"), and will be allowed to acquire Licenses and services in accordance with the Agreement. If Registered Affiliate selects an Organization Type above other than Corporate, then the Qualifying Government Entity Form or Qualified Educational User Definition, as appropriate, is incorporated by reference. These are located at <http://www.microsoft.com/licensing/contracts>.

This registration is valid when accepted by Microsoft and until it is terminated. Registered Affiliate will receive an acceptance notification confirming the effective date of this registration. Microsoft may refuse to accept a registration if there is a business reason for doing so. Either party may terminate this registration for any reason with 60 days advance written notice. Terminating this registration will terminate the Registered Affiliate's ability to place Orders under the Agreement.

In order to use a third party to reimage the Windows Operating System Upgrade, Registered Affiliate must certify that it has acquired qualifying operating system licenses. See the Product List for details.

1. Primary contact information.

Registered Affiliate must identify an individual from inside its organization to serve as the primary contact. This contact is also an Online Administrator for the Volume Licensing Service Center and may grant online access to others.

Name of entity* Santa Barbara County Sheriff's Department
Contact name* First Nick Last Lugo
Contact email address* nal4236@sbsheriff.org
Street address* 4434 Calle Real
City* Santa Barbara **State/Province*** CA **Postal code*** 93110-1002
Country* United States
Phone* 805-681-4157 **Fax**
Tax ID

2. Notices contact and online administrator.

This individual receives contractual notices. They are also the Online Administrator for the Volume Licensing Service Center and may grant online access to others.

Same as primary contact

Name of entity*
Contact name* First Last
Contact email address*
Street address*

City* State/Province* Postal code*
Country*
Phone* Fax

This contact is a third party (not the Registered Affiliate). Warning: This contact receives personally identifiable information of the Registered Affiliate.

3. **Language preference.**

Select the language for notices. English

4. **Media delivery contact.**

If media election form is not completed, provide a ship to/download to location for applying sales tax.

Same as notices contact

Name of entity*

Contact name* First Last

Contact email address (required for online access)*

Street address (no PO boxes accepted)*

City* State/Province* Postal code*

County Country*

Phone* Fax

In City Limits?

Estimated Tax Rate

5. **Reseller information.**

Reseller company name*

Street address (PO boxes will not be accepted)*

City* State/Province* Postal code*

Country*

Contact name*

Phone* Fax

Contact email address*

The undersigned confirms that the information is correct.

Name of Reseller*

Signature* _____

Printed name*

Printed title*

Date*

Changing a Reseller. If Microsoft or Reseller chooses to discontinue doing business with one another, Registered Affiliate must choose a replacement Reseller. If Registered Affiliate or Resellers intends to terminate their relationship, the initiating party it must notify Microsoft and the other party, using a form provided by Microsoft at least 90 days prior to the date on which the change is to take effect.

6. **Supplemental Contacts.**

Customer's Notices Contact identified above is the default contact for administrative and other communications. However, Customer may designate additional contacts using the Supplemental Contact Information form

7. Software Assurance Membership Election.

Each Registered Affiliate may qualify for and receive additional benefits with Software Assurance membership. By electing Software Assurance membership below, Registered Affiliate is committing for a minimum period of one year to include Software Assurance with every eligible Order, and to maintain Software Assurance for all copies of Products licensed under this program for at least one Product pool.

Product Pools	Yes	No
Applications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Servers	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Note: If "Yes" is marked, orders for Licenses without Software Assurance will not be accepted.

Only valid if attached to a signature form

