

**THIS LICENSE IS AGREED** the \_\_\_\_\_ day of \_\_\_\_\_ 20XX

**BETWEEN**

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and

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...

AS WITNESS the hands of the duly authorized representatives of the parties the day and year below first written

**FOR BIOONE**

Signature: \_\_\_\_\_

Name: Christine Orr

Position/Title: Director of Sales and Community Outreach

Date: \_\_\_\_\_

**FOR THE LICENSEE**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Date: \_\_\_\_\_

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Organization: BioOne

Contact Name: Christine Orr

Title: Director, Sales and Community Outreach

Address: 21 Dupont Circle, Suite 800  
Washington DC 20036 USA

Telephone: +1 202-296-1605

Email: christine@bioone.org

Cc: Library.services@bioone.org

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