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Click in the fields and type away.
Connecticut K12 School Districts Only.

Affiliate Agreement Number (assigned by Adobe) _____

**SCHEDULE C
AFFILIATE ENROLLMENT**

Pursuant to the Agreement, Program Member has the right to permit its Affiliates to participate separately in the Program, subject to each interested Affiliate's execution of this form of Enrollment. _____ is an Affiliate of Program Member (hereafter "Affiliate") and desires to be bound by the Agreement, as if it were the Program Member. Unless otherwise defined in this *Schedule C*, all capitalized terms in this Enrollment shall have the meaning ascribed to them in the Terms and Conditions.

NOW THEREFORE, in consideration of the promises contained in this Enrollment, the parties agree as follows:

1. **Agreement to be Bound.** By executing this Enrollment, Affiliate agrees to be bound by all the terms and conditions of the Agreement, as if it were Program Member; provided, however, if there is a conflict between the terms of this *Schedule C* and the Terms and Conditions, the terms of this *Schedule C* shall govern and control. Notwithstanding anything to the contrary, each Affiliate is subject to qualification by Adobe.
2. **Media and User Documentation Reproduction.** If Affiliate desires to participate in Media or User Documentation reproduction, it must individually indicate its assent to the terms of *Schedule B* by including its Reproduction Location on this *Schedule C*. By indicating a Reproduction Location, Affiliate agrees to be bound by the terms of *Schedule B*, as if it were Program Member. Affiliate's Reproduction Location is: _____.
Failure to include a Reproduction Location means that Affiliate shall have no rights under *Schedule B*, notwithstanding anything in this *Schedule C* to the contrary.
3. **Termination.** This Enrollment may be terminated in accordance with the Agreement, provided that termination of this Enrollment shall not affect the Term or any other Schedules. Further, if the Agreement terminates for any reason, this Enrollment shall automatically terminate without further action or liability of Adobe.

4. **Affiliate Information.**

Name: _____ <----District name only in this field.

Street Address: _____

City and State/Province: _____ Country and Postal Code: _____

Contact Name† _____ E-mail _____

Tel number _____ Fax number _____

†This contact is authorized to perform electronic downloads and perform purchase history inquiries and reports.

5. **Affiliate's Program Member Information.**

Name: Stamford Board of Education Program Member Agreement No.: 4400046672

6. **Affiliate's Initial Designated ALC or Reseller, as applicable.**

Name: _____

Street Address: _____

City and State/Province: _____ Country and Postal Code: _____

Contact Name: _____ Email Address: _____

Tel number _____ Fax number _____

7. **Affiliate's Points Commitment.**

Affiliate's Point level for its initial order must equal or exceed 3500 Points. Affiliate's Point commitment is: 1000

8. **Upgrade Plan Payment Options.**

The Upgrade Plan, if elected, runs for the remainder of the Term. Program Member may choose to pay its ALC in one upfront payment with or following its initial order, or in two installments with the first payment due with or following its initial order and the remainder due on or prior to the anniversary of the Effective Date. Please see the Program Guide for further information. Select option (please check one). *If left unselected, Program Member's default selection is "one installment."*

- One installment
- Two installments

Signature and Date: _____