

MCOECN Microsoft Student Select District Participation Form

District Information:

Name: _____

Address: _____

County: _____

Primary District Contact:

Name (please print): _____

Phone Number: _____

Email Address: _____

District Treasurer Authorization:

I hereby authorize the participation of our district in the School District Fundraiser portion of this program. I understand that by participating in the program, our district will receive funds directly from the MCOECN or its agents based on the total annual quantity purchased. I understand the MCOECN will remit funds once at the end of each fiscal year.

Participation funds resulting from this program should be made payable and sent to the following address:

Treasurer's Signature

Date

Treasurer: Please forward this completed form to your Information Technology Center (ITC) for further processing.

Please note the following:

- Individual purchases are subject to the program rules and requirements as established by Microsoft and these rules and requirements can be changed without notice.
- Submission of this form **is required** in order to participate in the fund raising aspects of this program through the MCOECN.
- Proceeds from participation in the fund raising program will be distributed at the end of each fiscal year.
- MCOECN will send an email verifying the receipt of this form to the primary district contact listed above.



* Under the Microsoft Student Select Program, students and parents can purchase software at low education prices previously not available to them at prices much lower than retail! Additional information can be found at: <http://www.microsoft.com/education/studentselect.mspx> or <http://www.journeved.com/edresources/>