
ACADEMIC PARTNER PROGRAM

EXPRESSION OF INTEREST FORM

A. PROSPECTIVE ACADEMIC PARTNER DETAILS

1. Name of Educational Institution _____

2. Address _____

3. City _____ 4. State/Province _____ 5. Zip/Postal Code _____ 6. Country _____

7. Phone _____ 8. Fax _____ 9. Website _____

10. Brief description of applicable course/academic program:

11. Level of applicable course/program (Graduate, Undergraduate, Executive Education, etc.):

12. Primary language of instruction:

13. Number of students (Expected to eventually take advantage of IDEaS RMS products & knowledge resources):

< 50 100 - 200

50 - 100 < 200

All IDEaS Academic Partners are featured in the Partners section of www.ideas.com along with their institution descriptions, logos and links to their websites. Visit www.ideas.com/partners to see a list of IDEaS' Academic Partners.

14. Please provide a link to the logo you want to be displayed or include the electronic file for your

logo with this form:

http:// _____

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15. Each logo has a corresponding link from www.ideas.com. What is the url you want your logo linked to:

http://_____

16. Please provide the description of your institution you want to be included on www.ideas.com
(maximum 75 words):

17. Please indicate your estimated timeframe to become an IDEaS Academic Partner
(check applicable box below):

- 0 – 1 month 2 – 3 months
 1 – 2 months 6 months or more

18. Please indicate start date of your academic calendar when you expect IDEaS knowledge resources
to be made available to your students:

19. Please indicate if your institution currently owns/uses a license of a Pricing and/or Revenue
Management solution:

- Yes No

20. If yes, please indicate names of the Pricing and Revenue Management solutions currently in use
by your institution:

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B. DESIGNATED CONTACT/PRIMARY INSTRUCTOR DETAILS

1. Name _____ 2. Job Title _____

3. Phone _____ 4. Email _____

5. Brief description of educational background/experience:

6. Please indicate if you have used IDEaS Software Solutions before? (check applicable box below):

Yes

No

7. If Yes, describe your experience with the IDEaS (when and in what capacity did you use IDEaS Software Solutions?):

8. Briefly describe how you plan to use the IDEaS knowledge resources you will have access to via this program in the classroom:

9. Please indicate if you have reviewed the Program Document about the Academic Partner Program on www.ideas.com/partners

Yes

No

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10. Please list any specific questions you may have for the IDEaS Program Manager at this time:

11. Date of submission (enter the date you plan to submit this form): _____

Expression of Interest Forms will be reviewed in the order they are received.

If this form is accepted by IDEaS Revenue Solutions, you will be contacted to discuss next steps.

Thank you for your interest in the IDEaS Academic Partner Program.