Sora Participation Form
Hudson Valley Library Association Shared Digital Collection

School Information	
Name of Participating School Account:	
Address:	
City, State/Province:	Country/Postal Code:
Primary Contact	
Name:	Title:
Telephone:	Email:
Accounting Information	
Name:	Title:
Telephone:	Email:
Bill To Address:	
City/State/Zip Code:	

Number of Participating Students	Annual* Participation Fee (USD)	Total Annual* Participation Fee (USD)
Elementary School (Pre-K-Grade 5): _____ **Middle School (Grades 6-8):** _____ **High School (Grades 9-12):** _____	**$3.50 per Participating Student**	**$** _____

One-Time Deposit for Digital Book Account Purchases (Custom Collection for Participating School Account only) (USD)
$ _____

☐ OverDrive sends emails about promotions, new products and services. By checking this box, you consent to receiving OverDrive's communications and promotional emails to your Primary Contact email address. These emails also include an easy method to manage your subscription(s), including unsubscribing to future emails.

Terms and Conditions:

- OverDrive® products and services for schools are licensed pursuant to the OverDrive Sora Access Agreement, available at https://company.overdrive.com/sora-aa.pdf , the terms of which are incorporated herein and which may be modified from time to time.
- Participating School Account will be automatically enrolled with a Digital Book Account at no additional cost.
- The full Annual* Participation Fee is non-refundable. The Annual* Participation Fee and any amounts placed on deposit for Digital Book Account purchases will be invoiced upon receipt of signed Participation Form. Participating School Account must provide a valid purchase order or payment of the initial invoice in order to go live with the Sora Service.
- Participation in Consortium shall be limited to Hudson Valley Library Association member schools.

Acknowledgement and Acceptance:

On behalf of Participating School Account, my signature below indicates acceptance of the OverDrive Sora Access Agreement, as well as my authority to enter into a legally binding agreement.

One OverDrive Way • Cleveland, OH 44125 • P: +1 216-573-6886 • F: +1 216-573-6889

By (signature) _____ Title _____

Name (Print) _____ Date _____

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