

## Campus Subscription Enrollment

Campus & School Agreement number  
(Microsoft Affiliate or Reseller to complete)

21M50084

Subscription Enrollment number  
(Microsoft Affiliate to complete)

7518142

Previous Subscription Enrollment Number  
(if applicable)  
(Reseller to complete)

**This Enrollment must be attached to a signature form to be valid.**

The Campus Subscription program gives Institution the right, during the Licensed Period, to have Institution and Institution's Users run Microsoft software during the Licensed Period. Institution's Users must consist of all teachers, staff, administrators, and students who have access to PCs. Institution is not required to count members of the public who access PCs that remain in Institution's open access lab(s) or libraries. Institution may not permit remote access to software installed on open access PCs. Institution may choose to enroll entire Institution, or Institution may enroll only specific departments. Departments must be for educational purposes.

A printed copy of all documents contained in the web locations provided in this agreement may be obtained by Institution/Enrolled Affiliate from its Reseller/Distributor upon request.

**Non-exclusivity.** This Enrollment is non-exclusive. Nothing contained in it requires Institution to license, use, or promote Microsoft software or services exclusively. Institution may enter into agreements with other parties to license, use, or promote non-Microsoft software or services.

**Definitions.** All terms used but not defined in this Enrollment are located at <http://microsoft.com/licensing/contracts>.

### 1. Contact information.

Each party will notify the other in writing if any of the information in the following contact information page(s) changes. The \* indicates required fields. Microsoft may disclose contact information as necessary to administer this Enrollment.

- a. **Primary contact information.** The Institution signing this Enrollment must identify an individual from inside its organization to serve as the primary contact. This contact is also the default online administrator for this Enrollment and will receive all notices unless Institution provides Microsoft written notice of a change. The online administrator may appoint other administrators and grant others access to online information.

**Name of entity (must be legal entity name)\*** Rajamangala University of Technology Phra Nakhon

**Contact name\* First** Nivat, **Last** Jaruvarakul

**Contact email\*** nivat@rmutp.ac.th

**Street address\*** 399 Samsen Rd., Vachira Phayaban, Dusit

**City\*** Bangkok, **State/Province\*** . **Postal code\*** 10300

**Country\*** Thailand

**Phone\*** 66 2628 5239 **Fax** 66 2280 7919

**Tax ID**

- b. **Notices and online access contact information.** Complete this only if Institution wants to designate a notices and online contact different than the primary contact. This contact will

Same as primary contact

Name of entity\*

Contact name\* First , Last

Contact email\*

Street address\*

City\* , State/Province\* Postal code\*

Country\*

Phone\* Fax

This contact is a third party (not the Institution)

Warning: This contact receives personally identifiable information of the Institution.

- c. **Online services administrator.** This person will receive communications concerning registration for online services ordered under this Enrollment.

Name of entity\*

Contact name\* First Last

Contact email\*

Street address\*

City\* , State/Province\* Postal code\*

Country\*

Phone\* Fax

- d. **Language preference.** Select the language for notices. English

- e. **Microsoft account manager.** Provide the Microsoft account manager contact for this Institution.

Microsoft account manager name: Suthep Tamanuwat

Microsoft account manager Email address: suthept@microsoft.com

- f. **Reseller information**

Reseller company name\* SVOA Public Company Limited

Street address PO boxes will not be accepted)\* 900/29 Rama III Road,  
Bangpongpan, Yannawa

City\* Bangkok, State / Province\* . and postal code\* 10120

Country\* Thailand

Contact name\* Viyada Duangmatpol

Phone\* 66 2462 5787 Fax 66 2840 9479

Email address\* MSPProject@d1asia.co.th

The undersigned confirms that the information is correct

Name of Reseller\* SVOA Public Company Limited

Signature\* \_\_\_\_\_

Printed name\* Pairat Damripattanasakul

Printed title\* Deputy Executive Director

Date\* January 29, 2010

**Changing a Reseller.** If Microsoft or the Reseller chooses to discontinue doing business with one another, Institution must choose a replacement. If Institution intends to change the Reseller, it must notify Microsoft and the former Reseller in writing on a form provided at least 30 days prior to the date on which the change is to take effect. The change will take effect 30 days from the date of Institution's signature.

at least 30 days prior to the date on which the change is to take effect. The change will take effect 30 days from the date of Institution's signature.

**g. Distributor information (if applicable)**

Distributor company name\*  
Street address (PO boxes will not be accepted)\*  
City and postal code\*  
Country\*  
Contact name\*  
Phone\*                      Fax                      Email address\*

The undersigned confirms that the information is correct.

Name of Distributor* Signature* _____ Printed name* Printed title* Date*
--

**2. Designate Institution participation and Users.**

Please select only one of the following two options:

<input checked="" type="checkbox"/> Entire Institution is participating in this Enrollment (please continue on to Section 3)	<input type="checkbox"/> Only specific departments are included in this Enrollment (please continue below)
---	--

If Institution is enrolling less than the entire Institution, provide the department names. Include all segments of a department (e.g., a business school should include the business library). A department must be for educational purposes. Open access labs and other resource support centers do not qualify as individual departments under the Campus subscription program.

<b>List of participating departments</b> (please fill with the names of the departments participating in this Enrollment)


**3. Designate faculty and staff count.**

Please indicate the full time equivalent (FTE) faculty and staff count in Institution. Institution may exclude non-PC users such as maintenance, groundskeepers, cafeteria, etc. Total FTE count consists of all full-time faculty and staff plus one-third of part-time faculty and one-half of part-time staff. The number of copies for each software product in Institution's faculty and staff initial order must be equal to the number shown in the table below.

<b>Faculty and staff FTE count</b>	
Faculty and Staff FTE Count	300

**4. Student full-time equivalent (FTE) option.**

The student FTE option gives Institution's students the right to run software on their own PCs or Institution-owned PCs that are assigned for individual, dedicated student use. Total student FTE consists of all full-time students plus one-third of part-time students. The number of copies of each software product in Institution's student initial order must be equal to the number shown in the table below.

Please select only one of the following two options:

<input type="checkbox"/>	Institution selects the student FTE option <i>(please complete table below)</i>	<input checked="" type="checkbox"/>	<b>Institution does not select the student FTE option</b> <i>(please continue to section 5)</i>
--------------------------	--	-------------------------------------	--

<b>Student FTE option</b>	
Total number of students to enroll:	

**Transfers to graduating students.** If Institution elects the student FTE option, Institution may at any time during the Licensed Period transfer the right to run the software to a graduating student, upon such student's graduation from Institution. Institution must provide each graduating student with a student license confirmation. In addition, Institution must secure from all such graduating students their acceptance of the terms of the student license confirmation. Upon acceptance of such terms, their right to run the software identified in the license confirmation becomes perpetual.

**5. Establishing Enrollment unit count and price level.**

Microsoft assigns units to each software product available in this program. Institution can verify the units assigned to each software product in the Product List located at <http://microsoft.com/licensing/>. Institution can use the "Standard Campus Qualification and Manual Order Form" as a reference to obtain the total units for the Enrollment and total units for the student FTE option (if applicable).

Institution agrees that the minimum number of software units being ordered under this Enrollment is equal to or greater than 200 units. If Institution chose the Student FTE Option, Institution agrees that the minimum number of software units being ordered under this Enrollment for the student FTE option is equal to or greater than 200 units. This qualification must be met with the first order placed under this Enrollment. Price level B is only available for some Products.

Please select only one of the following two options:

<input checked="" type="checkbox"/>	Unit count is at least 200 units <i>(Price Level A for all Products)</i>	<input type="checkbox"/>	Unit count is at least 200 units and total FTE Count is greater than 3,000 <i>(Price Level B for some Products)</i>
-------------------------------------	---	--------------------------	--

**6. Licensed period.**

Please select only one of the following two options:

<input checked="" type="checkbox"/>	One Year Licensed Period	<input type="checkbox"/>	Three Year Licensed Period
-------------------------------------	--------------------------	--------------------------	----------------------------

This Enrollment will remain in effect during the Licensed Period. The Licensed Period begins on the date of Microsoft's email to Institution confirming Microsoft's acceptance of this Enrollment and expires after 12 full calendar months for a one-year Licensed Period, or 36 full calendar months for a three-year Licensed Period, unless earlier terminated or extended (as applicable) as provided in the agreement.

As stated in the agreement, one-year Licensed Periods may be extended by placing an extension order. The terms of Institution's agreement and Enrollment will govern any extensions of a one-year Licensed Period.

**7. Qualifying systems Licenses.**

All operating system licenses provided under this program are upgrade Licenses. **No full operating system licenses are available under this program.**

Therefore, all qualified desktops on which Institution will run the Windows Desktop Operating System Upgrade must be licensed to run one of the qualifying operating systems identified in the Product List at <http://microsoft.com/licensing/contracts>.

## Campus and School Media Election Form

### Media Election Form

#### AGREEMENT INFORMATION

*The asterisks (\*) in the information fields below indicate required information.*

**Institution contact name:** \* Nivat Jaruvarakul

Media subscriptions relating to the Campus and School Agreement will be shipped to the address set out below. Terms used but not defined in this form have the meanings given to them in the agreement.

The media delivery address is to determine the delivery location. If Institution does not elect physical media and intends to download soft copies of media instead, please provide the download delivery location as the media kit delivery address.

#### MEDIA DELIVERY ADDRESS

**Name of organization (if different from Institution organization):** \* SVOA Public Company Limited

**Contact name:** First: \* Viyada Last: \* Duangmatpol

**Contact email address: (required for online access)** \* MSProject@d1asia.co.th

**Street address: (no PO boxes accepted)** \* 131 Ratburana Rd., Ratburana

**City:** \* Bangkok **State/Province:** \* . **Postal code:** \* 10140

**Phone:** \* 66 2462 5787 Ext.2424 **Fax:** 66 2840 9479

**Country:** \* Thailand **County:** \* Thailand

Upon Microsoft's acceptances of Institution's agreement and order, Institution is entitled to a media kit containing each product Institution selected in Institution's initial order.

**Does Institution request a media kit?** (This option does not apply to renewing Institutions). **Yes**

**Does Institution request subscription updates?** **Yes**

**Note:** Media requested on this form is shipped on Institution's initial order. If Institution places future orders for new product under this agreement, Institution must separately order the media from Institution's reseller for a fee.

Media Shipping Information Form – Media Election Form (Continued)

*For each language and group Institution wishes to receive, mark the corresponding box with an X. Institution may choose up to two (2) languages. If Institution wants more than two languages, Institution may order them through Institution's reseller for a fee.*

Language	CD Set
English	<input checked="" type="checkbox"/>
English/Multi-Language	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>
Chinese Simplified	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>
Croatian	<input type="checkbox"/>
Czech	<input type="checkbox"/>
Danish	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
Estonian	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
French	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hungarian	<input type="checkbox"/>
Indic	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Latvian	<input type="checkbox"/>
Lithuanian	<input type="checkbox"/>
Norwegian	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>
Romanian	<input type="checkbox"/>
Russian	<input type="checkbox"/>
Serbian	<input type="checkbox"/>
Slovak	<input type="checkbox"/>
Slovenian	<input type="checkbox"/>
Spanish	<input type="checkbox"/>
Swedish	<input type="checkbox"/>
Thai	<input checked="" type="checkbox"/>
Turkish	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>

**Note:** Not all products are available in every language. Please contact Institution's reseller to confirm language availability.

# Campus Signature Form

Agreement number

21M50084

SGN-

Proposal ID

*Microsoft to complete*

**Note:** Enter the applicable active numbers associated with the documents below. Microsoft requires the associated active number be indicated here, or listed below as new.

This signature form and all contract documents identified in the table below are entered into between the Institution and the Microsoft Affiliate signing, as of the effective date identified below.

Contract Document	Number or Code
Campus and School Agreement	X20-00397
Campus Enrollment	X20-00401
<Choose One>	Document Number or Code
<Choose One>	Document Number or Code
Media Election Form	None
Document Description	Document Number or Code
Document Description	Document Number or Code
Document Description	Document Number or Code
Document Description	Document Number or Code

By signing below, Institution and the Microsoft Affiliate agree that both parties (1) have received, read and understand the above contract documents, including any website or documents incorporated by reference and any amendments and (2) agree to be bound by the terms of all such documents.

Institution	Microsoft Affiliate
<b>Name of Entity *</b> Rajamangala University of Technology Phranakorn	<b>Microsoft Operations Pte Ltd</b>
<b>Signature *</b> <i>Nivat Jaruvarakul</i>	<b>Signature</b> <i>[Signature]</i>
<b>Printed Name *</b> Nivat Jaruvarakul	<b>Printed Name</b> Eleanor Yee
<b>Printed Title *</b> Director	<b>Printed Title</b> Lead Program Manager
<b>Signature Date *</b> January 28, 2010	<b>Signature Date</b> 1/29/2010 <small>(date Microsoft affiliate countersigns)</small>
<b>Tax ID</b>	<b>Effective Date</b> 1/29/2010 <small>(may be different than our signature date)</small>

\* indicates required field

29 JAN 2010



Optional 2<sup>nd</sup> Institution signature (if applicable)

<b>Institution</b>	
Name of Entity *	
Signature *	_____
Printed Name *	
Printed Title *	
Signature Date *	

If Institutions requires physical media, additional contacts, or is reporting multiple previous Enrollments, include the appropriate form(s) with this signature form. If no media form is included, no physical media will be sent.

After this signature form is signed by the Institution, send it and the Contract Documents to Institution's channel partner or Microsoft account manager, who must submit them to the following address. When the signature form is fully executed by Microsoft, Institution will receive a confirmation copy.

**Microsoft Operations Pte Ltd**

Dept. 551, Volume Licensing  
438B Alexandra Road, #04-09/12, Block B  
Alexandra Technopark  
Singapore 119968

Prepared By: Sirasa Songsaeng

**Customer:** Please remit to your reseller.

**Single-tier countries**

**Reseller:** Please remit to:

**Microsoft Operations Pte Ltd**  
Dept 551, Volume Licensing  
438B Alexandra Road #04-09/12  
Block B, Alexandra Technopark  
Singapore 119968

**Two-tier countries**

**Reseller:** Please remit to the distributor.

**Distributor:** Please remit to:

**Microsoft Operations Pte Ltd**  
Dept 551, Volume Licensing  
438B Alexandra Road #04-09/12  
Block B, Alexandra Technopark  
Singapore 119968