

# 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](http://www.ideas.com) along with their institution descriptions, logos and links to their websites. Visit [www.ideas.com/partners](http://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://

15. Each logo has a corresponding link from [www.ideas.com](http://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](http://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:

## 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](http://www.ideas.com/partners)

Yes                       No

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.