



Academic Partner Program

This is an interactive PDF form. Please save to your local drive, key in your responses and email this form and any other attachments as necessary to Partners@ideas.com

EXPRESSION OF INTEREST FORM

A. PROSPECTIVE ACADEMIC PARTNER DETAILS

1. Name of 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. Number of students (Expected to eventually take advantage of IDEaS V5i 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.. [Click here](#) to see IDEaS' Academic Partners.

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

http:// _____

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

16. 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

17. Please indicate start date of your academic calendar when you expect IDEaS V5i products and knowledge resources to be made available to your students:

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

- Yes No

19. If yes, please indicate names of the Pricing and/or Revenue Optimization solutions currently in use by your institution:



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B. PROSPECTIVE DESIGNATED CONTACT 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 V5i products before? (check applicable box below):

Yes

No

7. If Yes, describe your experience with IDeaS V5i products (when and in what capacity did you use IDeaS V5i products?):

8. Briefly describe how you plan to use IDeaS V5i and the knowledge resources you will have access to via this program in the classroom:

9. Please indicate if you have reviewed the documents part of the IDeaS Academic Partner Program Information Package (check applicable box below):

Yes

No



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10. Please list any specific questions you may have for the 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 Optimization, you will be contacted to discuss next steps.

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