



# New York State Participation Agreement Request Form

1. Organization name and address:

Institution Name:

Institution Address:

2. VIP Member Number:

3. BOCES

4. Enrollee name, email, and phone number: (The enrollee is the person requesting to participate in the VIP Licensing Program on behalf of the BOCES and most often the person who signs the documents)

Name:

Email:

Phone:

5. Name and email address of signatory: (If different than enrollee)

Name:

Email:

6. Program administrator name, title, email and phone number: (The admin is the person in charge of managing the licenses in the admin console)

Name:

Title:

Email:

Phone:

**SUBMIT**

Click to submit form.

**RESET**

Click to clear form.

To submit form: Click on the submit button above or email completed form to [NYSk12@adobe.com](mailto:NYSk12@adobe.com) and [adobeprograms@dstewart.com](mailto:adobeprograms@dstewart.com).