



THE MST INSTITUTE

The MST Institute
PO Box 20728
Charleston, SC 29413-0728

Web Services Order Form

This Service Order is entered into between the MST Institute, and the client identified below, "Organization", as of the date accepted (the "Acceptance Date") by MST Institute and will continue for the term specified.

ALL FIELDS MARKED WITH AN ASTERICK(*) ARE REQUIRED!

1. Identify the Organization below.

| | |
|---------------------|-------|
| *Organization Name: | _____ |
| *Street Address: | _____ |
| *City: | _____ |
| *State/Province: | _____ |
| *Country: | _____ |
| *Zip Code: | _____ |

2. Identify the Account Administrator (who will be the point of contact for your organization) below.

| | |
|------------------|-------|
| *Position: | _____ |
| *Contact 1 Name: | _____ |
| *Phone Number: | _____ |
| *Fax Number: | _____ |
| *E-Mail: | _____ |

3. Term of Service and Method of Payment

Term of Service:

The term of service is one year and will automatically renew for successive one-year terms unless the Organization submits a written request to msti@mstinstitute.org to terminate the service. Service will be terminated 30 days following receipt of the request.

An invoice will be sent to the primary contact identified above upon receipt of a signed order form. The request for service will be accepted and dated once payment has been received and a copy of the fully executed form will be returned to the primary contact.

Begin Date: _____

MST Institute Service Options - Place an "X" in the right column for each service requested.

4. Data Collection Service (a separate contract will be required for this service)

| Product/Service | Base Price | Requested Service |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| TAM-R collection | \$25/enrolled family/month | |
| Follow up collection | Pricing based upon option selected and projected annual volume. Contact Molly Brunk, Molly.Brunk@mstservices.com for more information | |

5. Enhanced User Access Service

| Product/Service | Base Price | Requested Service |
|--------------------------------|-----------------------------|-------------------|
| Network Level Subscriber | \$300/Network per Year | |
| Download Subscriber | \$1,800/org per year | |
| Seginus Case Upload Subscriber | \$1,800 one time set-up fee | |
| Technical Assistance | \$100 hr | |

6. Super User Package (Includes custom menu, Network level access and one network of teams, and ongoing maintenance/support. Custom menus include Base Plus, CONM, CSSD, and Stakeholder.) Set-up fee and web development services are not included. Pricing for these are arranged via separate agreement.

| Product/Service | Base Price | Requested Service/ Menu |
|--------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------|
| Maintenance/Support: MSTs licensed program | \$2,500 a year per organization up to 10 users and each additional user at \$10/user/mo | |
| Maintenance/Support: Non-licensed program | \$5,000 a year per organization up to 10 users and each additional user at \$20/user/mo | |

7. Data File

| Product/Service | Base Price | Requested Service |
|-----------------|----------------|-------------------|
| Clean Data Set | \$300 per file | |

8. Customized Training Services

| Product/Service | Base Price | Requested Service |
|-------------------------------------------|------------------|-------------------|
| On-site Website training (full day) | \$1,000 + travel | |
| Onsite Website training (1/2 day or less) | \$500 + travel | |
| Webinars | \$150 per hour | |

*****Note:** If you are interested in products, or services not listed here, please provide a summary and brief description of needs. An MST Project Manager will contact you to get more information, so that we can assess an estimated cost.

MST Institute

Organization

Signature:

Signature:

Name:

Name:

Title

Title

Acceptance

Date:

Date:

FAX completed form to MSTI Institute at 866-235-1161