

This form must be completed and submitted on-line using the following link:
<http://www.kan-eddata.org/service/>

Kan-ed Service Initiation Form



In order to connect to the Kan-ed 2.0 network and receive free T-1 access or reduced pricing, please fill this form out as completely as possible. Some contact information should be automatically populated in the fields below but please verify that this data is accurate and fill out any missing information. If you have any questions or technical issues with this form, you may contact us at cchambers@ksbor.org.

1. Organization Contact Information

Organization Billing Address

Institution Name:	Kansas State University
Billing Address Line 1:	108 Anderson Hall
Billing Address Line 2:	
City:	Manhattan
State:	KS
Zip Code:	66506
Phone #:	785-532-6011

Contact Name & Information - Please provide an individual for Kan-ed to contact regarding the details of this service initiation.

Name:	
Phone #:	
Fax #:	
Email Address:	

2. Branch / Site Contact Information

Address of the Site to be Connected - Note: For organizations with multiple branches / sites, you must submit a separate *Service Initiation Form* for each site that you would like to have connected.

Branch / Site Name:	Kansas State University
Physical Street Address:	108 Anderson Hall (not a P.O. box)
City:	Manhattan
State:	KS
Zip Code:	66506
Phone #:	785-532-6011

Contact Name & Information - Please provide contact information for an individual available at this branch / site.

Name:	
Phone #:	
Fax #:	
Email Address:	

3. Membership / Affiliation

Are you a member of a network service consortium?	<input type="radio"/> Yes - Please Specify: <input type="text"/>
	<input type="radio"/> No
	<input type="radio"/> Unsure

4. Network Services

Please complete the questions below based on your organizations anticipated needs/expected uses of your connection to the Kan-ed 2.0 network. This information will allow Kan-ed to begin preparing for connections to the network. Please note that you will not be locked in by these selections, they will be used for planning purposes only. You will be asked to finalize these selections when you complete the Site Survey Form (step 3) that will be sent to you in early 2009.

Please select which of the three profiles listed best fits the needs of your organization:	<input type="radio"/> Profile A	<input type="radio"/> Profile B	<input type="radio"/> Profile C
	<ul style="list-style-type: none">• Internet 1• Internet 2• Real-time Video Services• NO Firewalling• NO Web/URL Filtering	<ul style="list-style-type: none">• Internet 1• Internet 2• Real-time Video Services• Centralized Firewalling• Centralized Web/URL Filtering	<ul style="list-style-type: none">• NO Internet 1• Internet 2• Real-time Video Services• NO Firewalling• NO Web/URL Filtering
What circuit size do you anticipate your organization will need?	<input type="text"/> (e.g. 1.5mb, 3.0mb, etc.)		
What service provider do you plan to use for your connection?	<input type="text"/>		
What is your desired connection date?	<input type="text"/>		

5. Other Information

Financial Information & Comments

FEIN Number:	<input type="text"/>
Please indicate in this area any additional information or notes you would like to include:	<input type="text"/>

Click to Submit:	<input type="button" value="Submit Form"/>
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