

GOLD RUSH ORDER FORM

Date: _____

Consortia or Library: _____

Contact Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

Email: _____

Is this order for a single library or for a consortia?

_____ single library _____ consortia

What would you like to order?

_____ Gold Rush Reports

_____ Gold Rush Complete

A Gold Rush representative will contact you to talk about the next step of the process.

Thanks for trying Gold Rush!

Colorado Alliance of Research Libraries

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