Application by an Individual to Use the TIPSTER Information-Retrieval Text Research Collection, Volume 2

The ________________, an organization of approximately ______________ people engaging in research and development of natural-language-processing, information-retrieval or document-understanding systems, which is a part of

Corporation/Partnership/Legal Entity

Official mail address

______________________________________________________________________________________________

apply(ies) to use the Information designated as the TIPSTER Information-Retrieval Text Research Collection, volume 2 subject to the following understandings, terms, and conditions. These understandings, terms and conditions apply equally to all or to part of the Information.

1. Permitted Uses.

1. The Information may only be used for research and development of natural-language-processing, information-retrieval or document-understanding systems.

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1. **Access to the Information** by an individual person is to be controlled by that person’s organization. The organization may only grant access to people working under its control, i.e. its own members, consultants to the organization, or individuals providing service to the organization.

2. Individuals may be allowed access to the Information only after completing a copy of the Application of an Individual to Use the TIPSTER Information-Retrieval Text Research Collection, volume 2, as provided with this application. The access is to be terminated when the conditions of the application no longer apply. The organization will retain the applications of all persons ever granted access to the Information and make them available upon request to any of the copyright holders and to the institution or agency holding this completed application.

3. The organization will maintain and post a list of people with current and recently-terminated access to the Information.

4. An individual with access may only display the information to or share the information with persons whom his organization lists as having access to the information.

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By the applicant:
Signature: ________________ ________________ ________________
Date: ________________
Name: ________________ ________________
Title: ________________

Accepted for the Organization:
Signature: ________________
Name: ________________
Title: ________________
Date: ________________
Organization: ____________________________