



# Exhibit B Enrollment Form



**Complete this form and send it with your purchase order to**  
 Attention: Doris Blossat (County of Ventura)  
 Fax: (805) 654-3394 E-mail: doris.blossat@ventura.org  
*And*  
 Attention: Nicolas Cocquerelle (Gartner)  
 Fax: (800) 219-7086 E-mail: Nicolas.Cocquerelle@gartner.com

**Payment should be made to:**  
 County of Ventura  
 Information Systems Department  
 800 South Victoria Ave. L#1100  
 Ventura, CA 93009  
 County of Ventura TIN #: 95-6000944

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Agency/Department \_\_\_\_\_  
 Address - Line 1: \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Fax # \_\_\_\_\_ Email \_\_\_\_\_

Gartner Service	Service Level	Quantity ordered	Subtotal
Core Research	Advisor Level	<u>  1  </u> @ \$5.970 each	\$ _____
	Reference Level	_____ @ \$3.170 each	\$ _____
Gartner for IT Leaders	Premier Level	_____ @ \$45,500 each (single user)	\$ _____
		_____ @ \$38,500 each (multiple user)	\$ _____
	Advisor Level	_____ @ \$27,825 each (single user)	\$ _____
		_____ @ \$20,475 each (multiple user)	\$ _____
Executive Programs	Reference Level	_____ @ \$19,425 each (single user)	\$ _____
		_____ @ \$12,075 each (multiple user)	\$ _____
	Signature Level	_____ @ \$70,000 each	\$ _____
Best Practice Councils	Premier Level	_____ @ \$34,500 each	\$ _____
		_____ @ \$24,800 (single member)	\$ _____
		_____ @ \$22,300 (multiple members)	\$ _____
Tickets	Symposium Theme	_____ @ \$2,000 each	\$ _____
		_____ @ \$1,195 each	\$ _____
<b>Contract Dates</b> (please fill in box with starting month)		Ventura County Processing Fee	\$ 50
<input type="checkbox"/> /01/2007 – 4/30/2008		<b>TOTAL</b>	\$ _____

The County of Ventura is the contract host, but the service is provided by Gartner, therefore, all questions regarding the service should be directed to Gartner.

By signing below, I am agreeing to procure the above-referenced services from Gartner, Inc. via the County of Ventura Research & Advisory Services contract 4667, and agree to the terms and conditions of that agreement.

By signing below, I also agree that services to be provided by Gartner to my agency shall be delivered only after the County of Ventura has confirmed receipt of payment or purchase order from my agency.

**This form should be used as your authorization for payment to County of Ventura. Payment and PO should be made out to "County of Ventura Information Systems Department" and sent to the address shown above. If your organization requires a separate invoice from County of Ventura, please check here.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_