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13. **Notices.** User will submit this completed form by email to help@cancerimagingarchive.net. Any other notice required or permitted hereunder shall be in writing and shall be deemed given as of the date it is: (i) delivered by hand; (ii) received by registered or certified mail, postage prepaid, return receipt requested; (iii) confirmed as received if by facsimile; or (iv) received by nationally recognized, overnight courier, and addressed to the party to receive such notice at the address set forth below, or such other address as is subsequently specified in writing:

13.1. If to UAMS:

ATTN: University of Arkansas for Medical Sciences
Office of General Counsel, Research Division
4301 West Markham Street, #860, Little Rock, AR 72205


With a copy to: University of Arkansas for Medical Sciences
ATTN: The Cancer Imaging Archive
4301 W Markham #782
Little Rock, AR 72205
help@cancerimagingarchive.net

13.2. If to User:

ORGANIZATION
ATTN
ORGANIZATION NOTICE ADDRESS
CITY/STATE/ZIP
PHONE
FAX
EMAIL

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I agree that I have read and agree to the above terms and conditions as outlined above.

Signature:  _____

Date: _____

Please submit the completed form via email to help@cancerimagingarchive.net

EXHIBIT A
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PLEASE DESCRIBE IN DETAIL THE PROPOSED USE OF THE DATASET, INCLUDING ANY COLLABORATORS: