

Social Impact Total Access Trial Schedule to Usage Policies

Client Name: _____

Contract Term: [2 months]

Authorized Users: up to 10 Client employees

Client must designate Authorized Users in writing to GLG. Authorized Users may not be changed without GLG's prior written approval.

Your platform license for this subscription includes unlimited consultations¹ during the Contract Term. The Standard Platform License Fees for the Term is \$25,000.

¹Telephone consultations with general availability Council Members in all geographies and practice areas are available. Access to longer duration consultations (over one hour) is not available under this subscription.

TOTAL PLATFORM LICENSE FEES DUE FOR THIS SUBSCRIPTION: \$*

**Includes special Social Impact program discounts made available to Client for this Contract Term.*

Payment Terms: GLG will invoice Client for the Platform Fees indicated above. Payment on invoices is due thirty (30) days from invoice.

Payment Information:

The Client authorizes Gerson Lehrman Group to invoice them for the amount indicated in this Schedule.

Payment Contact Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Address: _____

Use of services is governed by, and Client agrees to be bound by, the Gerson Lehrman Group Service Agreement signed on or about _____. GLG reserves the right to discontinue service in the event of non-payment or a breach of the Service Agreement. The terms in this Schedule and related Service Agreement shall supersede any inconsistent or additional terms in any purchase order(s), guidelines, policies or similar standard vendor terms and conditions issued by or on behalf of the Client relating to the Services provided to Client hereunder.

Research Contact at Client:

Name: _____

Email: _____

Phone: _____

GLG Relationship Manager:

Name: _____

Email: _____

Phone: _____

I certify that I have the power to act on behalf of the firm listed above and that this is a legally binding commitment between my firm and Gerson Lehrman Group, Inc. for the services described above.

Signature of Authorized Person _____

Printed Name: _____

Title: _____

Date: _____

PLEASE FAX THIS SIGNED DOCUMENT IN ITS ENTIRETY TO GERSON LEHRMAN GROUP'S CONTRACT ADMINISTRATOR: 1-212-658-9949