



Membership Feature Grid

Building a strong partnership is the fundamental idea behind the Citrix Solutions Network. CSN is a partnership that grows your business and enhances your bottom line profit.

Every CSN program is designed for organizations like yours that integrate technologies into powerful solutions for your customers' strategic business needs. Every program provides the information, technology and support you need to better serve customer needs across a wide variety of industries. By partnering, we'll work together for strong growth and profit.

Partnership Support

Every CSN program carries a strong Citrix commitment to support. As a result, every program includes the following features to support your efforts with Citrix WinFrame products:

Feature	Gold Provider	Silver Provider	Consulting Provider	Description
Citrix Solutions Network Logo	Yes	Yes	Yes	Identifies you as a member of the Citrix Solutions Network program
CSN Directory	Yes	Yes	Yes	The CSN directory is published quarterly and lists your company and a full corporate.
Sales Leads & Referrals	Yes	Limited	Yes	Every CSN member receives targeted leads and referrals that complement your areas of expertise.
Marketing Resource Kits	Yes	Yes	Yes	Includes the information and materials you need to promote, market and sell Citrix-based solutions for Windows application deployment and remote Windows computing.

Marketing and Sales Support

Feature	Gold Provider	Silver Provider	Consulting Provider	Description
Selling Support	Yes	No	No	Assists you in marketing and selling Citrix products.
Market Development Program	Yes	No	No	Provides Market Development Funds and Volume Bonus rewards.
Citrix Marketing Resource Kit	Yes	Yes	Yes	Materials that assist you in generating leads and your own collateral materials.
Sales Lead Program	Yes	Limited	Yes	Citrix-generated sales leads and referrals in your chosen marketplace.

Technical Support

Feature	Gold Provider	Silver Provider	Consulting Provider	Description
Technical Support Engineer	Yes [Assigned]	Yes [Queue]	Yes [Queue]	Telephone based support for technical questions.
On-line Technical Support	Yes	Yes	Yes	Support via fax, CompuServe forum, and CD as well as access to on-line BBS and FTP sites.
Field Technical Support	Yes	No	No	Assists you in complex technical problems at your customer's site.

Education & Training

Feature	Gold Provider	Silver Provider	Consulting Provider	Description
Technical Training	One [1] Virtual Seat	One Seat	One Seat	Technical training seat in the Citrix Education Program.
Sales Training	Yes	No	No	Instructor based sales training and sales training materials.

Access to Product

Feature	Gold Provider	Silver Provider	Consulting Provider	Description
WinFrame Products for Resale	Yes	Yes	No	Authorization to purchase WinFrame products once you have been approved for the CSN program.
WinFrame Products for Internal Use	Yes	Yes	Yes	A not-for-resale demonstration system.
Citrix Corporate Evaluation Program	Yes	No	No	Places Citrix evaluation software at selected accounts to accelerate the selling or adoption process.
Authorization Fee	\$4,995	\$1,495	\$1,495	This fee is payable during your first 30 days of membership.



Membership Application

The information you provide in your CSN Application is very important. This information allows us to profile your company to better provide you with the tools you need to grow your business with us. Your profile will allow us to:

- Determine your eligibility in the CSN program
- Distribute qualified leads and referrals to you
- List your company in the Worldwide CSN Directory

This application form is designed to give us a clear picture of your business. The time you invest in completing this form will prove to be well spent as we develop our relationship with you. Please provide all the information requested to ensure your application is processed promptly.

Certain areas on this form are underlined to indicate your answers will be held as CONFIDENTIAL.

Getting Help

If you have questions about any of the descriptions used in this form, call Michelle Keefer at 954.340.2256.

Company Profile

1. Business name _____
Other name or acronym by which your company may be known _____
Tax ID number _____ Reseller ID number _____
2. Shipping Address: *[no PO boxes, please]*
Street _____
City _____ State/Province _____ Zip/Postal Code _____
3. Shipping Address: *[no PO boxes, please]*
Street _____
City _____ State/Province _____ Zip/Postal Code _____
4. Contacts in your organization:
The President/Owner of your company
Name _____ Title President
Telephone _____ Fax _____ eMail _____
Primary CSN Program Contact
Name _____ Title _____
Telephone _____ Fax _____ eMail _____
Sales/Marketing Contact
Name _____ Title _____
Telephone _____ Fax _____ eMail _____
Technical Contact: VERY IMPORTANT! This individual will be the only contact eligible to call Citrix for Technical Support (unless additional training/support options are purchased). This should also be the individual that attended (or will attend) Citrix training.
Name _____ Title _____
Telephone _____ Fax _____ eMail _____
5. Please list the names of the Microsoft and/or Novell Certified Professionals in your organization:
Name _____ Type: Microsoft Novell Both
Name _____ Type: Microsoft Novell Both
Name _____ Type: Microsoft Novell Both
Name _____ Type: Microsoft Novell Both
Name _____ Type: Microsoft Novell Both
Name _____ Type: Microsoft Novell Both

6. Please indicate the description that most accurately describes your company: (check only one)

- Corporation Subsidiary or Branch-office Partnership Sole proprietorship

7. Please indicate your company's approximate annual revenue: [CONFIDENTIAL]

- Less than \$500,000 \$500,000 to \$999,000
 \$1,000,000 to \$5,000,000 \$5,000,000 to \$10,000,000
 \$10,000,000 to \$20,000,000 \$20,000,000 to \$50,000,000
 \$50,000,000 to \$100,000,000 More than \$100,000,000

8. Please indicate the quantity of products and services you sell: [CONFIDENTIAL]

<i>Total product/service sales</i>	Hardware	Software	Services
<i>Microsoft product sales</i>	Windows NT	Applications	Other
<i>Novell product sales</i>	NetWare	Applications	Other
<i>Remote access sales</i>	Remote node	Remote control	Other
<i>Microsoft BackOffice</i>	NT Server	SQL Server	Other
<i>Outsourcing services</i>	App Development	Network Mgmt	Other

9. Please enter the number of employees in your company:

Total employees Sales employees Technical employees Certified employees

10. What kind of customers do you PRIMARILY target? (Check only one)

- Small business Medium-sized companies Enterprise accounts Global accounts

11. What is(are) the PRIMARY product offering(s) of your business overall? (Check all that apply)

- Custom applications Network infrastructures Remote computing Technical support
 Consulting Integrated computing solutions Other

12. What vertical markets are your PRIMARY focus?

- Agriculture Education Health care Manufacturing Government (State or local)
 Communications Engineering Hospitality Transportation Government (Federal)
 Construction Insurance Publishing Utilities Financial services
 Legal Real estate Wholesale Retail
 Other

13. In what application areas do you specialize? (Check all that apply)

- Accounting/finance Kiosk development Document imaging Workflow
 Document management Mapping/GIS Multimedia Publishing/Prepress
 Custom applications Network design Remote computing Contact management
 Network infrastructures Technical support Other

14. Are you currently providing classroom-based training?

- Yes No

15. In which US states or Canadian provinces do you have or plan to have offices or remote sites?

United States Locations:

- National (all states)
 AL FL KY MO NV SD WV
 AK GA LA MT NY TN WY
 AZ HI MA NC OH TX
 AR ID MD ND OK UT DC
 CA IL ME NE OR VA PR
 CO IN MI NH PA VT
 CT IA MN NJ RI WA
 DE KS MS NM SC WI

Canadian Province Locations:

- National (all provinces)
 AB BC MB NB NF NS NT
 ON PE PQ SK

16. In which US states or Canadian provinces do you or plan to market your products and services?

United States Locations:

- National (all states)
- AL FL KY MO NV SD WV
 AK GA LA MT NY TN WY
 AZ HI MA NC OH TX
 AR ID MD ND OK UT DC
 CA IL ME NE OR VA PR
 CO IN MI NH PA VT
 CT IA MN NJ RI WA
 DE KS MS NM SC WI

Canadian Province Locations:

- National (all provinces)
- AB BC MB NB NF NS NT
 ON PE PQ SK

17. What other industry vendor affiliations do you have? (Check all that apply)

- Novell (all levels) Lotus Business Partner Oracle Business Alliance PeopleSoft Partner
 IBM Business Partner Microsoft Solutions Partner Other

18. Please rank in priority order your top THREE distributors in purchase volume. [CONFIDENTIAL]

- | | | |
|-----------|-------------------------|----------|
| Tech Data | Ingram-Micro | Merisel |
| Inacom | Intelligent Electronics | MicroAge |
- Other (Indicate name and rank)

19. Please provide a description of your firm's products and services (500 characters or less, in paragraph form).

This description will be used in printed and electronic listings of CSN members. Attach additional sheet if necessary.

20. Do you wish to receive referrals from the Citrix lead generation and referral system?

- Yes No

21. Does your company currently have a World Wide Web home page address?

- Yes, my WWW home page address (URL) is http:// No

22. Please rank in priority order your top THREE marketing vehicles:

- | | | | |
|-------------|---------------|------------------|----------------|
| Advertising | Direct mail | Newsletters | Seminars |
| Trade shows | Word of mouth | Public relations | Trade journals |
- Other (Indicate name and rank)

Tell us anything else about your company that could help us work with you better

CONFIDENTIAL Customer References

Please provide us with customer references we may contact. Include a description of the work you provided to each customer and attach any additional materials that reference your expertise and professional abilities. (Required for Gold Solutions Provider or Consulting Solutions Provider)

Reference #1

Customer company name _____

Customer contact name _____

Customer contact telephone _____

Description of products or services provided _____

Reference #2

Customer company name _____

Customer contact name _____

Customer contact telephone _____

Description of products or services provided _____

Reference #3

Customer company name _____

Customer contact name _____

Customer contact telephone _____

Description of products or services provided _____



Authorization Fees

Your authorization fee depends on the CSN program in which you enroll. Check the program and indicate the additional support contacts to be enrolled.

<input type="checkbox"/> Gold Solutions Provider Program.....	\$4,995.00
<input type="checkbox"/> Silver Solutions Provider Program	\$1,495.00
<input type="checkbox"/> Consulting Solutions Provider Program.....	\$1,495.00

Total Authorization Fee

Application Checklist

Have you remembered everything? If you complete and return everything on the following checklist to us, your application for CSN membership is complete!

- Completed application
- Check or hard copy of purchase order enclosed

Citrix will contact you to promptly to schedule training and execute a program agreement.

Make checks payable to Citrix Systems and return this completed application, agreement and check to Citrix at:

Citrix Systems Channel Marketing
210 University Drive, Suite 700
Coral Springs, Florida 33071

