

Application Form for Educational and Research Licenses

We would like to apply for the following AFMG software licenses for our institution:

Educational License¹ (5 User Keys)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	EASE 5-TE ³ Pro
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EASE Evac
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EASE SpeakerLab Pro
<input checked="" type="checkbox"/>	<input type="checkbox"/>	AFMG SoundFlow Pro
<input checked="" type="checkbox"/>	<input type="checkbox"/>	AFMG Reflex Standard
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EASERA Pro incl. MLS + TEF/TDS + POLARS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	AFMG SysTune Pro

Research License² (1 User Key)

<input type="checkbox"/>	EASE 5-TE ³ Version:	<input type="text"/>
<input type="checkbox"/>	EASE Evac	<input type="text"/>
<input type="checkbox"/>	EASE SpeakerLab, Version:	<input type="text"/>
<input type="checkbox"/>	AFMG SoundFlow, Version:	<input type="text"/>
<input type="checkbox"/>	AFMG Reflex, Version:	<input type="text"/>
<input type="checkbox"/>	EASERA, Version:	<input type="text"/> Module(s) <input type="text"/>
<input type="checkbox"/>	AFMG SysTune, Version:	<input type="text"/>

¹ For educational usage only. Support is limited to licensing issues.

² For research usage only.

³ Time-limited license (2 years).

General information on educational or scientific institution:

Name of college or university	<input type="text"/>
Name of school or department	<input type="text"/>
Street	<input type="text"/>
Postal Code	<input type="text"/>
City + State	<input type="text"/>
Country	<input type="text"/>
Website	<input type="text"/>
VAT-ID (only within European Union)	<input type="text"/>
Field of education or research	<input type="text"/>
Official proof of your educational status may be found at...	<input type="text"/>

Faculty member in charge of the software:

fem. male

Title	<input type="text"/>
Given Name	<input type="text"/>
Family Name	<input type="text"/>
Email	<input type="text"/>
Office Phone	<input type="text"/>

Dean or chair of above department:

fem. male

Title	<input type="text"/>
Given Name	<input type="text"/>
Family Name	<input type="text"/>
Email	<input type="text"/>
Office Phone	<input type="text"/>

Please send us:

a quote a pro-forma invoice with PO number:

We would like to pay by:

credit card wire transfer

With sending this application we state that we will use the licenses only in the intended context.