



EDUCATIONAL INSTITUTION INFORMATION / AGREEMENT FORM

Please complete this form, read and sign the agreement at the bottom of the form and return along with your software request letter from the department head.

Please Print

EDUCATIONAL INSTITUTION: _____
 DEPARTMENT HEAD: _____
 E-MAIL ADDRESS: _____
 SHIP TO PERSON (if different): _____
 E-MAIL ADDRESS: _____
 MAILING ADDRESS: _____
 CITY, ST, ZIP, COUNTRY: _____
 PHONE: _____ EXT. _____
 FAX: _____

INSTRUCTORS USING PROGRAM

NAME: _____
 E-MAIL ADDRESS: _____
 NAME: _____
 E-MAIL ADDRESS: _____
 NAME: _____
 E-MAIL ADDRESS: _____

The above educational institution agrees to use the software and documentation solely in accordance with the following terms (please read and check):

- The codes will only to be used for instructional purposes by this institution.
- The codes cannot be used for facilities planning by the institution.
- The codes can be distributed to **currently enrolled students only**.
- Technical assistance will only be given to the department head, ship to person and the instructors listed above.
- Students may not call for tech support.

 Signature Department Head

 Date