

全ての項目は、英語でご記入ください。

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Foundation Order Form

Education は、ご希望のセットの数量をお書きください。

Research は、ご希望の製品名をすべてお書きください。

We would like to purchase the following AFMG programs under AFMG Foundation license:*

Education	
<input type="checkbox"/>	5 User Keys EASE + AURA + EARS
<input type="checkbox"/>	5 User Keys EASE SpeakerLab Pro
<input type="checkbox"/>	5 User Keys AFMG SoundFlow Pro
<input type="checkbox"/>	5 User Keys AFMG Reflex Standard
<input type="checkbox"/>	5 User Keys EASERA Pro + Modules
<input type="checkbox"/>	5 User Keys AFMG SysTune Pro

Research

General information on educational institution

Name of college or university	
Name of school or department	
Street Address	
Postal Code	
City + State	
Country	
Website	
Field of education or research	
Official proof of our educational status may be found at...	教育の現状を公に証明できる大学のサイトの研究室のページや、学会発表の公表情報などの URL を入力ください。

ソフトの責任者について
(ご担当の先生)

Faculty member in charge of software

Title	<input type="checkbox"/> fem. <input type="checkbox"/> male
Given Name	
Family Name	
E-Mail	
Office phone	

Dean or chair of above department

学長あるいは学部長 fem. male

Please send us an official pro-forma invoice!

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