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Foundation Order Form

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...

Faculty member in charge of software	
Title	<input type="checkbox"/> fem. <input type="checkbox"/> male
Given Name	<input type="text"/>
Family Name	<input type="text"/>
E-Mail	<input type="text"/>
Office phone	<input type="text"/>

Dean or chair of above department	
	<input type="checkbox"/> fem. <input type="checkbox"/> male
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

Please send us an official pro-forma invoice!

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