**Foundation Order Form**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Education | |  |  |  | | Research | |
| **We would like to purchase the following AFMG programs under AFMG Foundation license:\*** |  | 5 User Keys | EASE + AURA + EARS | | | |  | |
|  | 5 User Keys | EASE SpeakerLab Pro | | | |  | |
|  | 5 User Keys | AFMG SoundFlow Pro | | | |  | |
|  | 5 User Keys | AFMG Reflex Standard | | | |  | |
|  | 5 User Keys | EASERA Pro + Modules | | | |  | |
|  | 5 User Keys | AFMG SysTune Pro | | | |  | |

**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** |  | **Dean or chair of above department** |
| Title | |  |  |  |  | | --- | --- | --- | --- | |  | fem. |  | male | |  | |  |  |  |  | | --- | --- | --- | --- | |  | fem. |  | male | |
| Given Name |  |  |  |
| Family Name |  |  |  |
| E-Mail |  |  |  |
| Office phone |  |  |  |
|  |  |  | Please send us an official pro-forma invoice! |

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