

To:

*Academic Sales
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Letter of Confirmation of Academic Lab

I confirm that the lab license will be installed in a computer laboratory within this academic institute for the sole purpose of teaching and research.

Note: This document needs to be signed by an IT supervisor, professor, dean or other full-time academic staff member. Copy of university identification must be attached.

Authorized person

Function:

Name:

Signature:

Date:

ModelRisk Lab License Order Form

Please fill in this form as accurately as possible and provide email to: academic@vosesoftware.com

Ordered By	
Name of Principal	
Contact:	
Institution:	
Address:	
State/Province:	
Zip/Postal Code:	
City:	
Country:	
Phone:	
Fax:	
Contact Email:	
Internal Reference:	
Comments:	

Number of seats required (minimum of 15 seats) at \$40/seat*:

Payment method <input type="radio"/> Check or wired transfer (send me an electronic invoice) <input type="radio"/> Credit Card <input type="radio"/> Mastercard <input type="radio"/> Visa		For payment by wire transfer or check: We will send you an invoice with further payment details. For payment by credit card (direct offline processing): Use this form to directly provide us with your credit card details. If you leave these fields open we will contact you back so you can provide them over the phone.
Card Number		
Expiration Date		
Cardholder Name		
Card Verification Code		
Internal Use Only	Order ref. # :	
Order Completed:	License ID :	

* All lab licenses are ModelRisk Industrial versions.