



# Netfabb Simulation Academic License Request Form

## Consent:

I, \_\_\_\_\_, hereby grant Autodesk to list the name of my organization on Autodesk and Pan Computing marketing material such as websites, newsletters, and presentations.

Signature		Date	
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## Details

Name of person requesting license	
Organization	
Email	
Phone	
Address	
Number of Netfabb Ultimate seats requested	
Number of Netfabb Local Simulation seats requested	

Please email fully filled out form to: [NetfabbSim\\_edu\\_grant@autodesk.com](mailto:NetfabbSim_edu_grant@autodesk.com)