



# Netfabb Simulation Academic License Request Form

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I, \_\_\_\_\_, have read and agree to the above mentioned terms and conditions and 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	
Department	
Title	
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)