# MAXON
### A NEMETSCHEK COMPANY

# CINEMA 4D ACADEMY PROGRAM
### Application Form

Name of Educational Institution

Faculty

Cinema 4D Tutor

Professor / Faculty Leader

Main Contact

Street / No.

ZIP / City

Country

Phone / Fax

Email

Web site

## What kind of 3D work will be done by the students using Cinema 4D?

## Describe how Cinema 4D will help your students accomplish their tasks:

## Which other 3D animation packages are currently in use at your institution?

## Which other software solutions will be used together with Cinema 4D?

## How many seats will be equipped with Cinema 4D?

## Describe the average computer that Cinema 4D would be used on?
## (Operating System, Graphics Board, CPU, RAM)

By my signature below, I declare that I have been informed about and accept the terms and conditions of the MAXON Cinema 4D Academy Program.

Date, City

Signature of Dean / Stamp of Institution