



**MAXWELL RENDER  
EDUCATIONAL PROGRAM APPLICATION FORM**

Dear Next Limit Technologies,

I would like to purchase \_\_\_\_\_ Maxwell Render educational licenses (please specify number):

- Name:
- School / college:
- Graduation date or course end date:
- E-mail address:
- Home address:
- School address:
- Name of 3D application/s I use:
- Name of Operating System/s I use:
- How did you hear about Maxwell Render?

I agree with the terms of the Maxwell Render educational program.

\_\_\_\_\_  
Signature of applicant

To qualify for the educational license please remember to also enclose the following:

<b>STUDENTS</b>	<b>TEACHERS</b>	<b>SCHOOLS / FACULTIES</b>
<ul style="list-style-type: none"> <li>• Student ID (with photo if possible)</li> <li>• Any other kind of Photo ID</li> <li>• Enrollment documentation</li> <li>• Examples of your work in 3D.</li> <li>• Graduation date or course end date</li> </ul>	<ul style="list-style-type: none"> <li>• Faculty ID (with photo if possible)</li> <li>• Any other kind of Photo ID</li> <li>• Employment documentation</li> <li>• Examples of your work in 3D.</li> </ul>	<ul style="list-style-type: none"> <li>• Official purchase order from the Faculty</li> <li>• Contact person's name and email address</li> <li>• Faculty's postal address</li> </ul>

Please email all details to [sale@maxwellrender.it](mailto:sale@maxwellrender.it), or fax details to +39 0424 35669

