

Moving Light Assistant License Registration Form

Student

For students in full time education and will continue to do so for 12 months from the license issue date. A student license is valid for 3 years from the issue date, after which the application will revert to Demo/Reader mode. The only limitation for the Student license (apart from the time limit) is that any paperwork will be watermarked with 'STUDENT' when produced from within application with a student license. The watermark will not appear if the document created is opened in a non student licensed version. The student license allows for the application to be installed and activated on 2 computers, although only 1 instance of the application can be run at any one time.

Required information:

Proof of student status (copy of a current student ID).

Registered Name (must be registered in the name on student ID).

Email address of registered user.

Personal

The personal license is for individuals such as Production Electricians, Lighting Designers, Associate/Assistant Lighting Designers and Programmers. There are no limitations or watermarks for this license. A personal license allows for the application to be installed and activated on 2 computers, although only 1 instance of the application can be run at any one time.

Required Information:

Registered Name (Must be registered in the name of a person. This person will be the owner of the license and the only one eligible for future upgrades.).

Email address of registered user.

Institutional

An Institutional license is for a company or institution. The only difference from a personal license is that the application can be installed and activated on up to 10 computers and that there may be up to 5 instances of the application with the same serial number running concurrently.

Required Information:

Registered Name (Must be registered in the name of a company or institution).

Email address of registered user.

Customer/Dealer Name:	
Contact Person/Tel. No.:	

End User Information:

Registered Company/ Person Name:	
Contact Name:	
Title:	
Street Address #1:	
Street Address #2:	
City,State,Zip Code,Country:	
Phone:	
Email Address:	

Authorized by: (Print Name & Signature) _____ Date: _____

US HEADQUARTERS
475 BARELL AVENUE
CARLSTADT, NEW JERSEY 07072
TEL 800 230 9497 / 201 549 1160
FAX 201 549 1161

www.citytheatrical.com

LONDON OFFICE
UNIT 1-3 WYVERN ESTATE, BEVERLEY WAY
NEW MALDEN, SURREY KT3 4PH
TEL +44 (0) 20 8949 5051
FAX +44 (0) 20 7183 6061