**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.*

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| --- | --- |
| Customer/Dealer Name: |  |
| Contact Person: |  |

End User Information:

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| --- | --- |
| Registered Company/ Person Name: |  |
| Contact Name: |  |
| Title: |  |
| Street Address: |  |
| City, State, Zip code: |  |
| Phone: |  |
| Email Address: |  |

Authorized by: (Print Name & Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_