

Student First Name Last Name

Address Details

City County

Post Code Country

Phone () E-mail

School Name

Date of application

Educational Product Request:

- (1) Complete all sections of this form. Incomplete forms may cause delays in processing your request.
 - (2) You must attach a copy of your student ID card and teacher letter. (see below for more details)
 - (3) Mail or fax the completed form to your local Canopus educational reseller (see bottom of this form)
 - (4) Allow 1-2 weeks to receive your product (through the dealer)
 - (5) Canopus has the right to amend and/or cease this program at any time without prior notice.
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Please complete the following questions: (Please Tick where applicable)

A) I wish to purchase the following Canopus product(s):

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B) I am a:

- > Full Time Student
- > Part Time Student enrolled in the following course

C) I have included the following with this application:

- > Student Card **AND** Teacher letter (see section below) (or)
 - > School / University Purchase order
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Student Enrollment Section: *(your teacher must complete this section)*

I (print name) Teacher of above mentioned student acknowledge he/she is enrolled in my class (mentioned above). I have also supplied a written letter on school/university letter head confirming this student is enrolled in my class.

Contact E-mail address: Contact Phone

Signed.....

If you have any questions completing this form please contact us on the details below, When form is complete please mail or fax this form with attached student card and teacher letter to your local Canopus educational reseller, to locate your local educational reseller goto the Canopus Education web page (URL Below) and click on the Educational resellers link:

http://www.canopus-uk.com/UK/sales/sales_educational.asp

If you have any questions please feel free to contact Canopus UK on Phone: +44 (0)1189 210150 or email sales@canopus-uk.com. Our reseller staff will be in contact with you shortly after they receive your submission.