

Application Form for Educational and Research Licenses

We would like to apply for the following AFMG software licenses for our institution:

Pcs. Educational License¹ (5 User Keys)

| | |
|--------------------------|---|
| <input type="checkbox"/> | EASE 5-TE ³ Pro |
| <input type="checkbox"/> | EASE Evac |
| <input type="checkbox"/> | EASE SpeakerLab Pro |
| <input type="checkbox"/> | AFMG SoundFlow Pro |
| <input type="checkbox"/> | AFMG Reflex Standard |
| <input type="checkbox"/> | EASERA Pro incl. MLS + TEF/TDS + POLARS |
| <input type="checkbox"/> | AFMG SysTune Pro |

Pcs. Research License² (1 User Key)

| | | |
|--------------------------|---------------------------------|------------|
| <input type="checkbox"/> | EASE 5-TE ³ Version: | |
| <input type="checkbox"/> | EASE Evac | |
| <input type="checkbox"/> | EASE SpeakerLab, Version: | |
| <input type="checkbox"/> | AFMG SoundFlow, | |
| <input type="checkbox"/> | AFMG Reflex, Version: | |
| <input type="checkbox"/> | EASERA, Version: | Module(s): |
| <input type="checkbox"/> | AFMG SysTune, Version: | |

¹ For educational usage only. Support is limited to licensing issues.

² For research usage only.

³ Time-limited license (2 years).

General information on educational or scientific institution:

Name of college or university
Name of school or department
Street
Postal Code
City + State
Country
Website
VAT-ID (only within European Union)
Field of education or research
Official proof of your educational status may be found at...

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Faculty member in charge of the software:

☐ fem. ☐ male

Title
Given Name
Family Name
Email
Office Phone

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Dean or chair of above department:

☐ fem. ☐ male

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Please send us:

☐ a quote

☐ a pro-forma invoice with PO number:

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We would like to pay by:

☐ credit card

☐ wire transfer

With sending this application we state that we will use the licenses only in the intended context.

Form version: 2.5
Berlin, January 29, 2026

Management:

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