

Proof of Eligibility for Steinberg Educational Products

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this form and hand it back to you. It	licenses for teachers and full-time students. Please have the person fill out is important that their school confirm and validate this form by putting their rany further questions please contact your Steinberg sales representative. er to Steinberg upon request.	Educational Facility Official Stamp
Educational Facility:		
Name:		
Address:		
Type of class/course (if teacher):		
Phone/Mobile:		
Fax:		Cianakuwa
E-mail:		Signature

Art. No.	Product Name	Language	USB eLicenser	Amount
502021130	Sequel 2 EDU	EN, ES	Soft eLicenser	
502021131	Sequel 2 LD0	DE, FR, IT	Soft eLicenser	
502012722	Cubase 6 EDU	EN, ES	included	
502012723	Cubase o Loo	DE, FR, IT	included	
502012742	-Cubase Artist 6 EDU	EN, ES	included	
502012743		DE, FR, IT	included	
502012421	Cubase Essential 5 EDU	EN, DE, FR, IT, ES	included	
502027441	Nuendo 5 EDU	EN, DE, FR, IT, ES	included	
502028121	Nuendo 5 Expansion Kit EDU	EN, DE, FR, IT, ES	! required	
502020131	WaveLab 7	EN, DE, FR, IT, ES	included	
502020151	WaveLab Elements 7	EN, DE, FR, IT, ES	Soft eLicenser	
502014916	HALion Sonic EDU	EN, DE, FR, IT, ES	! required	
502013744	The Grand 3 EDU	EN, DE, FR	! required	
502013841	Groove Agent 3 EDU	EN, DE, FR	! required	
502014911	Halion 3.1 EDU	EN, DE, FR	! required	
502015041	HALion Symphonic Orchestra EDU	EN, DE, FR	! required	

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Please stamp, sign and hand this form back to your Steinberg dealer for order processing. Thank you!

Steinberg Dealer: Name of sales person:		
Dear Steinberg Dealer, please keep this form and hand it over to Steinberg upon request.		