Lightwright License Registration Form

Personal

The personal license is available only in the name of an individual, actual living person and cannot be registered in the name of a title, pseudonym, company, university, or other organization. Please note that if an institution buys an individual registration and registers it in the name of someone working there, then that person will be the legal licensee and can legally take it with them when/if they go elsewhere. Limited to one concurrent user at any 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 a site license for use by up to six concurrent users. The registration must be in the name of an actual bona fide organization licensed to do business in the state where the license is registered. If the name is subsequently proven to be false, misleading, or otherwise outside the terms of the license, then the license will be immediately void without recourse by the licensee.

Required Information:

Registered Name (Must be registered in the name of a company or institution). Email address of registered user/contact person.

Student

The Student License is available only to a bona-fide full-time student (with appropriate photo student ID) for a period of time limited to 3 years from the date the approval code is issued, and are limited to one concurrent user. License must be in the name of the student, who must be able to produce proof of student status when requested. After the three-year license has expired, the software will cease to function. Student licenses cannot be upgraded to Lightwright 6 or beyond without first being upgraded to an Individual license. Capacities and features are identical to the Individual License. Limited to use only by the student whose name the license is registered under. Student licenses cannot be issued to faculty, staff, or anyone else who is not a full-time student.

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.

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

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