

Esri products request form



Information regarding the institution submitting the request

Institution name: _____

Address

Street name and nbr : _____

City : _____

Postal code _____

Country: _____

Contact person

Full name : _____

Phone number : (+ _____) _____

Email address : _____

Please indicate the number of requested license(s) and period for which you would like to borrow them*

		From	To
<input type="checkbox"/>	ArcGIS Online	Borrowing period: _____	_____
<input type="checkbox"/>	ArcGIS desktop license	Borrowing period: _____	_____
Desired extensions for ArcGIS desktop (please select 2 only)			
<input type="checkbox"/>	Spatial Analyst	<input type="checkbox"/>	Other 1 (specify): _____
<input type="checkbox"/>	Geostatistical Analyst	<input type="checkbox"/>	Other 2 (specify): _____

* Conditions of use

ArcGIS desktop license (maximum 2 licenses + 2 extension per institution for a maximum of 12 months)

1. Being registered as a AeHIN Member
2. Being a registered user of the HealthGeoLab LinkedIn group (<https://www.linkedin.com/groups/10311235>)
3. Submitting the present request form
4. Being ready to share experiences, challenges and achievements encountered through the use of the license with the AeHIN community (after 6 months and 1 year)

ArcGIS Online (Maximum 1 license per institution for a maximum of 6 months)

1. Same conditions as with the desktop licenses
2. Being active over the whole duration of the borrowing period (at least connected once a month).

Please describe how the license(s) will be used by your institution (add other pages if necessary):

By signing this form, I recognize and have taken note of the conditions mentioned above and I am ready to comply to them. I understand that AeHIN has no obligation of providing my institution with the licenses should I not comply to these conditions and should the licenses not be available.

Signature over full name

Date

Please send the form to info@aehingislab.net once filled and signed

