



Academic Registration Form

Website User Name*: _____

Last Name: _____

First Name: _____

Email Address: _____

Phone No.: _____

Fax No.: _____

Product (Studio, Storyboard, Digital Pro): _____

Classification (Faculty, Staff, Institution, Student, Other): _____

ID number: _____

Institution/School: _____

City: _____

State/Province: _____

Zip/Postal code: _____

Country: _____

Please complete the Academic Registration Form, include Proof of Eligibility, and fax to: 1(514) 278-2666 or email to academic@toonboom.com. A Toon Boom staff member will contact you to complete the registration process.

* You choose your User Name and password when you register as a member at www.toonboom.com/members

toonboom.com