SOLIDWORKS SOFTWARE ORDER FORM

School Details (BLOCK CAPITALS)

School Name: _____

Address: _____

_____

School Roll No: _____

Telephone: _____

Fax: _____

E-mail: _____

Principal: _____

Teacher Contact Name: _____

School Authorisation

I certify that the school named above offers a technology subject for Leaving Certificate & request the provision of educational licences for the SolidWorks Software.

Signed: _____
Principal

Signed: _____
Teacher of Technology Subject

Send order form by fax, e-mail or post to:

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Leopardstown Office Park,
Burton Hall Ave,
Sandyford Industrial Estate,
Dublin 18.
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