



### **K-12 School Institutional Sale**

1. How did you hear about the Visible Body?
2. How many FTEs are enrolled at your school?
3. How many students are enrolled in classes/programs for which the Visible Body would be useful?
4. Where will students and/or faculty need to access the Visible Body?
  - a. On- and off-campus through your school's pre-existing, password-protected, proxy IP gateway?OR
  - b. Specific, physical location(s) on campus with fixed, external IP address(es)?

5. What is your contact information?

Institution name:

Institution address:

Work phone:

Email:

6. Please provide

EITHER

a. IP address for your company's pre-existing, password-protected, proxy IP gateway:

OR

b. Fixed, external IP address(es) for licensed location(s) in the contract:

7. Physical address(es) of licensed location(s)

8. Method of payment:

Purchase order/Invoice      OR      Credit card/Paypal account

9. Billing contact

Name:

Address:

Work phone:

Email:

10. IT contact

Name:

Address:

Work phone:

Email: