

FEMtools Software Evaluation Request Form

Thank you for your interest in **FEMtools®**. This form gives us the information that we need in order to provide you with an evaluation copy of the full FEMtools version. Please complete, sign, and fax this form to DDS at +32 16 40 24 00 or your local sales contact. Please print clearly! The information is for DDS internal use and is treated as confidential information.

Primary Evaluator

This person will be the primary technical contact with DDS during evaluation:

Name:		Phone:	
Title:		Fax:	
Company:		E-mail:	
Mailing Address:		Shipping Address (if different from mailing address) (no PO Box):	

Other Evaluators

Other people who will be involved in the evaluation of FEMtools:

Name	Title	Phone	E-mail

Authorizing Manager

The person ultimately responsible for authorizing the purchase of FEMtools:

Name	Title	Phone	E-mail

Platform

Please circle the platform(s) on which you will evaluate FEMtools. If your hardware platform of choice is not shown here, consult with DDS for the latest availability information.

Platform	Operating System
Windows	XP/Vista/7/8 32-bit; XP Pro/Vista/7/8 64-bit
Linux	64-bit
Mac	10.7+

Installation Medium

- ☐ I will download the installation files from the www.femtools.com web site. Send me instructions.
- ☐ Send me a CD-ROM (shipping charges will apply)

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Your Profile

1. What finite element analysis codes do you use?
2. What test software do you use?
3. Describe the type of structures you analyze using finite element analysis?
4. How many engineers are working on finite element analysis in your department?
5. What are your top criteria for choosing a test/analysis integration solution?
6. What other test/analysis integration solutions are you considering?
7. If the evaluation is successful, when would you expect to purchase FEMtools?

Terms and Conditions

Please read the following before you sign this agreement:

1. I understand that I will receive a fully functional version of FEMtools to use for 30 days.
2. I understand that all evaluators will have access to DDS technical support. The support e-mail address is **support@femtools.com**
3. If I do not purchase FEMtools, I agree to return all of the evaluation materials at the end of the evaluation period.
4. I agree not to disclose evaluation results outside of my company.
5. Since I will have access to DDS proprietary information, I will exercise reasonable care to prevent disclosure of FEMtools, including any associated documentation, to third parties.
6. I am prepared to dedicate the time and resources necessary to complete a thorough evaluation of the product and return a completed copy of the FEMtools Evaluation Progress Sheet.
7. The FEMtools evaluation is free.

Authorizing Manager's Signature:	Date:
Primary Evaluator's Signature:	Date: