

Per cortesia completare in in lingua inglese

CINEMA 4D Academy Program (CAP) – Application Form

Name of Edu Institution _____

Faculty _____

Professor/Lecturer _____

Assistant (if applicable) _____

Technical Contact: (email) _____

Administrative Contact:(email) _____

Address Line 1: _____

Address Line 2: _____

What kind of 3D work would be done by the students using CINEMA 4D?

Describe how CINEMA 4D would help your students accomplishing their tasks:

Which other 3D animation packages are currently in use at your institution?

What CAD or Compositing software would be used together with CINEMA 4D?

Which solution : C4D Prime C4D Broadcast C4D Visualize C4D Studio

How many seats should be equipped with CINEMA 4D? _____

Describe the average computer that CINEMA 4D would be used on? (operating system, CPU, RAM): _____

Which person(s) would be teaching CINEMA 4D? (name, email – if already available)

Date: _____

Signature / Stamp of Institution: _____