



# LiquidPlanner Education Program Application

[info@liquidplanner.com](mailto:info@liquidplanner.com)

Phone: 800-971-1601 x 110

Fax: 425-643-2714

Please complete the form below and follow the steps as detailed. If completed successfully, you will be granted (15) LiquidPlanner licenses at no charge. These licenses are limited to a single workspace, so please invite your members accordingly. LiquidPlanner reserves the right to rescind the offer at any time if unforeseen problems or issues arise.

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University or School Name / Course Name

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University or School Location

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Name

Title

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E-mail Address

Phone Number

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**LiquidPlanner Workspace Id** *(Locate this number in the URL of your workspace or in your workspace's "Space Settings".)*

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Number of users you intend to invite in to your workspace

**Please complete the following steps:**

**1) Fax or e-mail a copy of your school identification card** along with this document to 425-643-2714, Attn: Liz Pearce or [info@liquidplanner.com](mailto:info@liquidplanner.com). (Please make sure the image is easily visible.)

**2) Use a .edu or .org e-mail address for your LiquidPlanner account.** If you originally set up the account with another e-mail address, you may change it in the user settings.

\* Once your application has been processed, we will code your workspace for the 15 free seats and send you an e-mail confirmation. You may continue to use your workspace while you wait for the confirmation mail.

*(Please check here)* I certify that these free seats will be used for instructional classroom purposes only.

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Signature

Date