

Instructions

To apply for Intergraph®'s Registered Research Laboratory (RRL) program, complete all fields. Summary of Research Objectives section needs to state an overview of research already conducted or to be conducted with Intergraph technology. Conclusion section needs to be completed only if full paper is available. Please e-mail all documents to education@intergraph.com.

You can provide a link to up to three screenshots for this catalog entry. Please provide us screenshot image URLs that begin with **http://** or **https://** in jpg or gif format. The screenshot image descriptions are limited to 2000 characters.

Papers can be based on any of the following:

1. Produced prototypes or papers that demonstrate research results, innovative applications, and interesting projects based on Intergraph technology.
2. A report of the integration of the Intergraph software into research activities.

General Information

	Details in Local Language	Details in English
Name of University/Institution:		
Name of College/Faculty:		
Name of Department/Laboratory:		
Web Site Address:		
Address Line 1:		
Address Line 2:		
City:		
State/Province:		
Zip /Postal Code:		
Country:		

Primary Contact* (required):

Intergraph will consider the contact you designate in this information box to be the primary contact. All correspondence, other than correspondence related to the contracts, will be sent to the attention of the primary contact. If the primary contact is the only contact specified, Intergraph may consider the primary contact to be the sole contact for all purposes. **(No post office boxes, please.)**

Primary Contact Information	
Company Name:	
Contact Name:	
Street Address:	
City:	
State/Province:	
ZIP Code/Postal Code:	
Country:	
Telephone/Ext.:	
Fax:	
E-mail Address:	

Contract Administrator** (required):

Contract Administrator Information	
Company Name:	
Contact Name:	
Street Address:	
City:	
State/Province:	
ZIP Code/Postal Code:	
Country:	
Telephone/Ext.:	
Fax:	
E-mail Address:	

Media Shipping Contact (if different from Primary Contact above):

Please note: A post office box is not a valid shipping address.

Media Shipping Contact Information	
Company Name:	
Contact Name:	
Street Address:	
City:	
State/Province:	
ZIP Code/Postal Code:	

Country:	
Telephone/Ext.:	
Fax:	
E-mail Address:	

Site Technical Contact* (if different from Primary Contact above):**

The Site Technical Contact specified below is responsible for overall product compliance and coordinating designated support contacts and distribution of the technical support access information as needed.

Site Technical Contact Information	
Company Name:	
Contact Name:	
Street Address:	
City:	
State/Province:	
ZIP Code/Postal Code:	
Country:	
Telephone/Ext.:	
Fax:	
E-mail Address:	

*Primary contact is the person who will be the main researcher incorporating Intergraph technology into the institution's research projects.

** Contract administrator must be a representative of the educational institution with power to legally bind institution to a contract.

*** Site Technical Contact is the person at the educational institution responsible for internal software administration and support. This person would likely receive shipment of the software.

Authorized Licensee Personnel

Software support shall be available for up to four (4) authorized licensee personnel. Students are not allowed to call Intergraph Support directly. Please list the four (4) authorized licensee personnel for your institution below:

First Licensee	
Contact Name:	
Telephone/Ext.:	
Fax:	
E-mail Address:	

Second Licensee	
Contact Name:	
Telephone/Ext.:	
Fax:	
E-mail Address:	

Third Licensee	
Contact Name:	
Telephone/Ext.:	
Fax:	
E-mail Address:	

Fourth Licensee	
Contact Name:	

Telephone/Ext.:	
Fax:	
E-mail Address:	

Organization Description

University/laboratory profile (Should not exceed 200 words. Please include a brief organizational history, research focus, and skill sets.)	
Key research areas (Mark an "X" beside at least one item on the adjacent list.)	<input type="checkbox"/> Communications <input type="checkbox"/> Government <input type="checkbox"/> Homeland Security <input type="checkbox"/> Military Geospatial Intelligence <input type="checkbox"/> Public Safety <input type="checkbox"/> Transportation <input type="checkbox"/> Utilities <input type="checkbox"/> Other industry – specify _____

Research Description

Title of research paper:	
Summary of research objectives (200 words maximum):	
Summary of research conclusions (100 words maximum, complete if full paper is available):	
Select products used (Mark at least one from the below list with an 'X.')	<input type="checkbox"/> GeoMedia® <input type="checkbox"/> GeoMedia Professional <input type="checkbox"/> GeoMedia WebMap Professional <input type="checkbox"/> GeoMedia Grid <input type="checkbox"/> GeoMedia Terrain <input type="checkbox"/> GeoConnect <input type="checkbox"/> GeoMedia Image <input type="checkbox"/> Other - Please specify _____

Student License Program

Would you like to join the Student License program to receive free 52-week student licenses of GeoMedia Professional?

No
 Yes

____ Quantity Needed

Did a colleague recommend the RRL program to you? If so, please list his/her name and the name of their institution.

Software/Hardware Requirements

Does your school meet all software and hardware prerequisites per the Product Catalog?

Yes
 No

Signature _____