



School License Application (IQBoard Maker V1.0)

You are kindly requested to sign/ stamp this form and return it to Returnstar.

For any clarification please contact Ms.Vivian Huang, email: support3@recoverystar.com.

1. School Information

Name of School

Address

Website

E-mail

Tel No.

Fax No.

Contact Person

Establishment year

Number of teachers

Number of students

Number of Classrooms

Series no. of IQboard
products

2. Which kind of school do you belong to?

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Elementary School | <input type="checkbox"/> Secondary School | <input type="checkbox"/> High School |
| <input type="checkbox"/> College Institute | <input type="checkbox"/> Technical School | <input type="checkbox"/> University | <input type="checkbox"/> Other : _____ |
| <input type="checkbox"/> Public school | <input type="checkbox"/> Private school | | |

3. Which kind of IQBoard products are you using in your school? How many are they?

4. Which agent do you purchase IQBoard products from?

Signature & Stamp:

