

Expression of interest to license digital curriculum resources from The Le@rning Federation

Name of organisation:
Name of organisation's legal entity:
ABN:
Street address:
Name and title of person to receive notices*:
Phone:
Fax:
Email:
Postal address for notices:
Name and title of authorised signatory or signatories to the licence**:

Please return this form to:

IP Manager

Fax: 03 9657 9754

Email: ipmanager@thelearningfederation.edu.au

The Le@rning Federation

PO Box 177

Carlton South VIC 3053

*This is the person(s) who will be the contact point to receive notices under the licence agreement.

**This is the person(s) authorised by your organisation to sign the licence and who will be signing.