

## REPRODUCTION REQUEST FORM

### REQUESTER INFORMATION

Name: \_\_\_\_\_ Organization: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### REPRODUCTION REQUESTED

Artist name: \_\_\_\_\_ Title of artwork: \_\_\_\_\_  
Collection: \_\_\_\_\_ Object number: \_\_\_\_\_  
Format required (jpg, tiff): \_\_\_\_\_  
Date required by: \_\_\_\_\_

### PURPOSE OF REPRODUCTION

Please specify: \_\_\_\_\_

### FORMAT OF REPRODUCTION

Please specify: \_\_\_\_\_  
Size:  1/8<sup>th</sup> of a page  1/4 of a page  1/2 of a page  3/4 of a page  Full page  Front cover  Back cover

### PRINT RUN OR CIRCULATION

Run:  2500 or less  2501-5000  5001 or more  
Circulation:  50,000 or less  50,001-100,000  100,001 or more

### PUBLICATION DETAILS

Author/producer: \_\_\_\_\_ Publisher: \_\_\_\_\_  
Title and nature of publication/program: \_\_\_\_\_  
Expected price per unit: \_\_\_\_\_ Expected date of publication: \_\_\_\_\_

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### PAYMENT OF FEES

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