

APPLICATION FOR REPRODUCTION RIGHTS AND REQUEST FOR PHOTOGRAPHIC MATERIALS

DATE: _____

REQUESTER INFORMATION:

Name:	
Company:	
Address:	
Phone:	
Email:	

REQUESTED IMAGE:

Description:

Format requesting:

Digital photograph

Image Size (h x w) _

Resolution • 150 dpi • 300 dpi • Other ____

File Type • JPG •TIF • Other _____

Digital video

File Resolution/Type is 1080i.60 only

Rush services requested (includes a 200% surcharge): • yes • no (Standard processing may take four to eight weeks, rush services guarantee images in seven to ten days)

Download services preferred: _____

1801 Dock Street Tacoma, Washington 98402 USA tel 253 284 2136 fax 253 396 1769 <u>RightsRepro@museumofglass.org</u> www.museumofglass.org



Overnight mail services preferred:
PUBLICATION INFORMATION:
Requesting Photography for: • Reproduction/Publication • Research purposes only
Specific Use of Request: • Scholarly/Educational/Non-profit • Commercial
Format of Use: Print publication • television • Internet • DVD/Blueray sales • film
For use in:
Title:
Author:
Publisher:
Type of Publication:
Language:
Date of Publication:
Est. Print Run/Circulation:
Number of Broadcasts:
URL:

I have read and agree to *the General Terms and Conditions* set forth by Museum of Glass. I certify that I have full authority to enter into this agreement.

Signature of Applicant

Date

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