

Photographic Reproduction Application Form

NAME OF APPLICANT/ORGANISATION: (If the applicant is an organisation, please supply the name & position of the person responsible)

NAME: **POSITION:**
EMAIL: **TELEPHONE:** **FAX:**
ADDRESS:

HOW DO YOU INTEND TO USE THE REPRODUCTION? (PLEASE CIRCLE THOSE WHICH ARE APPLICABLE)

PERSONAL USE/RESEARCH / EXHIBITION OR DISPLAY / JOURNAL / ARTICLE / REPORT / EDUCATION / LECTURE

OTHER (PLEASE GIVE DETAILS)

TITLE AND DESCRIPTION OF PUBLICATION: (PLEASE (IF ABLE) INCLUDE ISBN NUMBER)

NAME AND ADDRESS OF PUBLISHER:

SCHEDULE OF REPRODUCTIONS

REFERENCE NUMBER	SIZE	FORMAT	QUANTITY
EXAMPLE: P7873	6 x 4, 5 x 7...	LASER / DIGITAL	

NOTES: THERE IS A 2 WEEK MAXIMUM TIME PERIOD TO COMPLETE AN ORDER. ANY URGENT REQUESTS MAY INCUR A MARK UP

APPLICANTS SIGNATURE:

DATE:

IMAGE/S RECEIVED BY: NAME:

SIGNATURE:

DATE:

PAYMENT OPTIONS

PAYMENT: \$ CASH / EFTPOS / OTHER (STATE)

SUBMITTED BY:

OFFICE USE:

APPROVED BY TEAM LEADER - MUSEUM AND ARTS

NAME: **SIGNATURE:**
POSITION: **DATE:**