



# The College of Physicians of Philadelphia

BIRTHPLACE OF AMERICAN MEDICINE<sup>SM</sup>

## Request for Image Reproductions

User hereby requests image reproductions of materials from the collections of The College of Physicians of Philadelphia (the “College”), as specified below.

- The College may charge Image Fees for staff time, and to support the preservation and maintenance of its collections.
- Any such Fees must be paid in full before images are distributed to User (please see the College’s *Image Reproduction Fee Schedule* for information regarding fees).
- User shall provide the information requested below, which will be used by the College to evaluate the request.
- The distribution to User of reproductions of College materials is contingent upon the College’s receiving the requested information and associated Image Fees, if any are required.
- Please allow four (4) weeks for the evaluation and processing of all image requests.

By submitting this Request Form:

- I certify that the information provided below regarding User and the proposed Project is correct.
- I confirm my agreement to the provisions noted above, and the Terms and Conditions for image reproductions of College collection materials, as set forth below.

I Agree

### Terms and Conditions:

- User may not publish any College image(s) unless specifically authorized to do so by the College.
- User may not alter or manipulate any College image(s).
- User may use the images(s) identified below only in the manner described in this Request Form.
- User agrees to pay any Fees for which User is now liable, or for which User may become liable, should the intended use for the requested materials change.
- Verification is required for all Users claiming non-profit status.

## User and Project Information

<b>1. Date of Request:</b>	
<b>2. User Information:</b>	<b>Name:</b>  <b>Title:</b>  <b>Address:</b>  <b>Phone Number:</b>  <b>Email Address:</b>
<b>3. Brief Description of User</b> (including institutional affiliation, website and non-profit status, if any):	<b>Description:</b>  <b>Non-Profit Status:</b>
<b>4. Image Resolution Requested:</b>	

## Image Information

	Artist / Author	Title / Description <i>(including image information, if available)</i>	Accession # or Library Book #	Proposed Usage
1				
2				
4				
5				
6				
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9				
10				

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----- (For College Use only) -----			
Date Request Received:			
Estimated Fee:	\$ _____		
Approved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Signature:			
Title:			
Date:			
Down Payment Received:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Final Payment Amount:	\$ _____		
Final Payment Received:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: