

Delaware Art Museum

APPLICATION FOR PHOTOGRAPHIC MATERIALS AND REPRODUCTIVE RIGHTS

CONTACT INFORMATION

Name: _____

Organization: _____

Address: _____

City/State/Zip: _____

Country: _____

Phone: _____ Fax: _____

E-mail: _____

ORDER FORM FOR PHOTOGRAPHIC MATERIALS

Accession Number: _____

Title: _____

Artist: _____

Image Type: (*check*)

- 4 x 5 in. color transparency*
- 4 x 5 in. black and white negative*
- digital image

*Each transparency and negative is an original for rent, to be returned within 3 months to the Delaware Art Museum. All color reproductions **must** be from color transparencies.

- 35mm color slide (when available)**
 - Photographic print**
-

Please indicate size and coloring for photographic print:

- | | SIZE | COLOR |
|--------------------------|-------------|--------------------------------|
| <input type="checkbox"/> | 8 x 10 in. | <input type="checkbox"/> b/w |
| <input type="checkbox"/> | 11 x 14 in. | <input type="checkbox"/> color |
| <input type="checkbox"/> | 16 x 20 in. | |
| <input type="checkbox"/> | 20 x 24 in. | |

**All photographic prints and slides are purchased outright. 8 x 10 in. prints will have a glossy finish unless otherwise requested; all other sizes will have a semi-matte finish. Slides are subject to availability.

APPLICATION FOR REPRODUCTION

Title: _____

Publisher: _____

Date of Publication: _____

Edition: _____ Print Run: _____

Language(s): _____

Countries Covered by Distribution: _____

PROPOSED USE (*check all that apply*):

Commercial Non-Profit

PRINT PUBLICATION

Within publication Cover / Jacket
 Poster Magazine / Journal / Newsletter
 Brochure / Flyer Exhibition display

ELECTRONIC PUBLICATION

Film / Video CD ROM Set dressing
 National broadcast Web site Public television broadcast
 Home video World broadcast Promotional / Merchandising

OTHER (*please describe*): _____

PLEASE INDICATE DEADLINE: _____

Permission for reproductive rights is given on a case-by-case basis at the sole discretion of the Delaware Art Museum. The Museum reserves the right to refuse any requests and to impose such conditions as it may deem advisable in the best interests of the Museum. A usage fee may be involved depending on the type and nature of the proposed use.

Please complete and return to:

Office of Rights and Reproductions
Delaware Art Museum
2301 Kentmere Parkway
Wilmington, DE 19806
(302) 571-9590 ext. 519
(302) 428-3818 *fax*
