

REQUESTOR INFORMATION

Name / Job Title	Company / Organization	<input type="radio"/> Profit <input type="radio"/> Non-profit
Address	Phone	Email

IMAGE ORDER

Artist	Artwork Title	Accession Number	<input type="radio"/> First Time <input type="radio"/> Re-use
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IMAGE USAGE

<input type="checkbox"/> Print Media	<input type="checkbox"/> Broadcast / Online	<input type="checkbox"/> Study
<input type="checkbox"/> Magazine	<input type="checkbox"/> Television	Purpose
<input type="checkbox"/> Brochure	<input type="checkbox"/> Cinema	
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Website	
	<input type="checkbox"/> Social Media	
<i>Image Placement</i>	Other:	
<input type="checkbox"/> Cover		
<input type="checkbox"/> Inside Page		
<i>Image Dimesions</i>	Duration of Use:	
<input type="checkbox"/> DPS		
<input type="checkbox"/> Full Page		
	<input type="checkbox"/> Digital Presentation	<input type="checkbox"/> Other Use
Distribution Area	<input type="checkbox"/> Exhibition	Please specify
	<input type="checkbox"/> Conference / Symposium	
	<input type="checkbox"/> Academic / Research	
Print Run	<input type="checkbox"/> Workshop	
Retail Price	Other:	

For Print Media, Broadcast / Online or Digital Presentation

Project Title	Publisher / Producer	Release Date
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I acknowledge receipt and my full agreement of all terms stated in the Mathaf: Arab Museum of Modern Art's Iconography Request Guidelines, and confirm that the information supplied above is accurate:

Signature	Date	Mathaf Director's Signature	Date
Printed Name		Zeina Arida	

Iconography Request guidelines

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