

APPLICATION FOR REPRODUCTION PERMISSION FORM

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APPLICANT

Name _____ Title _____
Institution/Company _____
Address _____
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TO REPRODUCE

Vancouver Art Gallery Accession # _____
Artist _____
Title _____

USAGE DETAILS

Personal Non-profit Museum Editorial Commercial

Medium

Print CD-ROM Internet TV/Video Film

Format

Size required for digital file, in inches: _____ Colour B&W

FOR REPRODUCTION IN

Title _____
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Signed for the Vancouver Art Gallery Name and Title Date (m/d/y)

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