

# REPRODUCTION ORDER



**CONDITIONS OF USE FORM MUST BE SIGNED AND SUBMITTED BEFORE ORDER CAN BE COMPLETED.**

COMPLETION OF THIS FORM DOES NOT GRANT PERMISSION TO PUBLISH.  
IF YOU WISH TO PUBLISH THESE IMAGES, A **PERMISSION TO PUBLISH FORM MUST BE SIGNED.**

## REPRODUCTION ORDER

Name \_\_\_\_\_ Date \_\_\_\_\_  
Company/Institution (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/ZIP Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

### FORMAT OPTIONS

Photocopy |  PDF Scan (100 dpi, black/white scan) |  JPEG Scan (low resolution, 150 dpi) |  JPEG Scan (high resolution, 600 dpi)  
 Special Request, please specify: \_\_\_\_\_

### DELIVERY OPTIONS

\$5 CD |  \$7 U.S. Mail |  **FREE** Email |  **FREE** In-person pick up

ITEM NUMBER	TITLE/DESCRIPTION	UNIT PRICE	FEE TOTAL

### METHOD OF PAYMENT

Cash |  Check /Check# |  Corporate Acct. (send invoice)  
 Credit Card, please call with credit card information. Please do not email this information.

Subtotal	
Delivery	
<b>TOTAL</b>	

**STAFF USE ONLY**  
Receipt# \_\_\_\_\_ Date Completed \_\_\_\_\_ Staff Initials \_\_\_\_\_