

# **Image Request**

Requestor Name:	Affiliation:		
Address:			
	State/Province:		
Telephone:	Email:	Fax:	
Check one:			
Non-profit organization (The	C.M. Russell Museum offers a 50% reduct	ion of all fees for nonprofit use)	
For-profit company			
Private individual			
Other:			
Image(s) requested (for add	ditional images, use separate pag	e):	
1. Artist/Maker:			
2. Artist/Maker:			
3. Artist/Maker:			
-			

### Format (images will only be delivered as digital files)

JPG, TIF, or PDF files at the standard resolution of 300 @ 8 inches on shortest side output size will be provided. Place a checkmark by the preferred method of delivery:

- \_\_\_Online file sharing via email or Dropbox
- \_\_\_Flash drive (add \$10 for materials and shipping)

## Image Fees

### Print, Media, or Commercial Use\*\*:

Type/description of publication, media, or commercial use:
Title or working title:
Author or Editor:
Publisher or Producer:
Projected date of publication, sale, or broadcast:
Fees (indicate total number of requested images):x \$100.00

Images may be used on commercial products only by special request; permission must be obtained in advance. See C.M. Russell Museum Rights and Reproductions Conditions, Item 10.

## Non-published Use:

Type of use (research, lecture, dissertation, etc.): \_\_\_\_\_\_ Brief description: \_\_\_\_\_ Fees (indicate total number of requested images): \_\_\_\_ x \$10.00

## New Photography Fee:

If a new photograph of an item is required (includes original photography when there is no existing image, photography to provide a particular view of a three dimensional object, or a new photograph at higher resolution than existing digital image files), a fee of **\$100 per item to be photographed** will be assessed in addition to other image fees listed above. Should new photography be required to complete a request, the C.M. Russell Museum will consult with the requestor before work begins regarding the total expected costs.

\*\*A copy of the print publication, product, or media production must be provided to the C.M. Russell Museum upon publication for inclusion in the research collection.

### Submit Request

Fill out request above and mark appropriate fees. Mail, fax, or email completed request to:

Attn: Image Requests C.M. Russell Museum 400 13<sup>th</sup> Street North Great Falls, MT 59401

Fax: 406-727-2402

Email: bkornick@cmrussell.org

After request has been received and approval has been granted for use, an invoice will be sent. Please return the invoice with payment. **Prepayment is required. Payment of invoice grants use of image(s).** Allow 3-4 weeks total processing time (large or complex orders, or orders requiring new photography, may take longer).

Permission is granted to reproduce the listed item(s), for one time use only. Use is subject to conditions on following page.

Please call with any questions: 406-727-8787, ext. 310

The applicant agrees that this permission, if granted, shall be subject to the conditions listed on following pages and further agrees to promptly pay all applicable fees. Please sign and return this request and agreement.

Authorized signature:		Date:
Name and title:		
Museum Use Only:		
•	Payment received	_Order sent
Authorized by		

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