



**C.M. RUSSELL MUSEUM®**  
The Art and Soul of the American West

**Image Request**

**Requestor Name:** \_\_\_\_\_ **Affiliation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_ **Zip/Country:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Check one:**

- Non-profit organization (The C.M. Russell Museum offers a 50% reduction of all fees for nonprofit use)  
 For-profit company  
 Private individual  
 Other: \_\_\_\_\_

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**Image(s) requested (for additional images, use separate page):**

1. Artist/Maker: \_\_\_\_\_

Title/Description: \_\_\_\_\_

2. Artist/Maker: \_\_\_\_\_

Title/Description: \_\_\_\_\_

3. Artist/Maker: \_\_\_\_\_

Title/Description: \_\_\_\_\_

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**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)

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

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Title or working title: \_\_\_\_\_

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Projected date of publication, sale, or broadcast: \_\_\_\_\_

Fees (indicate total number of requested images): \_\_\_\_ x \$100.00

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**\*\*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.**

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**Submit Request**

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

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

Ross Thomas - rthomas@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 **4-6 weeks** total processing time (large or complex orders, or orders requiring new photography, may take longer).

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Please call with any questions: 406-604-4779

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**Authorized signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name and title:** \_\_\_\_\_

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**Museum Use Only:**

Date request received \_\_\_\_\_ Payment received \_\_\_\_\_ Order sent \_\_\_\_\_

Authorized by \_\_\_\_\_

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