

# REPRODUCTIONS ORDER FORM

ARTWORK DETAILS		REPRODUCTION REQUIREMENTS		COSTS
ARTIST	TITLE	DIGITAL IMAGE OR POSTER	RESOLUTION / SIZE REQUIRED	
<b>APPLICANT DETAILS</b>		Number of images.....@ \$..... per image =		<b>SUB TOTAL</b>
NAME				<b>POSTAGE &amp; PACKAGING</b>
COMPANY	ORDER No.			<b>TOTAL</b>
ADDRESS		<b>USE OF IMAGES</b>		
		Please give full details, eg. private use/study only, book/periodical illustration (give title, author, date of publication and edition size) catalogue, advertising, cards, film or video, Internet etc.		
PHONE	FAX			
EMAIL				
DATE ORDERED	DATE REQUIRED	I am aware of the terms and conditions and agree to abide by them, in particular the need to ascertain copyright myself and donate a copy of the publication, in which the image from Aigantighe appears, to the Aigantighe and to pay the charges and publication fees required.		
METHOD OF PAYMENT (please circle) CHEQUE                      INVOICE (Please make cheques out to <b>Timaru District Council</b> . Send to Aigantighe Art Gallery, 49 Wai-iti Rd, Timaru)		<b>Signature:</b>		
<b>Gallery use only</b>				
Use approved as detailed above		Date		
Copyright permission received (copyright holder)		Date		
Received	Photography	Dispatched	Invoiced	