

Rights and Reproduction Questionnaire

Form 2: Online Reproduction Use

CONTACT INF	ORMATION	
Name:		
Company/Institution:		
Postal Code:		
Email Address:		
INVOICE INFO	RMATION	
Same a	s above	
Name:		
Company/Instit	ution:	
City:		
Postal Code:		
Email Address:		
OBJECT INFO	RMATION	
Accession Num	nber:	
(Please attach a	thumbnail image and description to your email if the accession number	is not available)
ONLINE INFOR	RMATION	
_ _ _ _	Blog Social Media Website Promotional/Advertising Poster/Brochure/Flyer E-book/E-Journal (* Please also fill out Form 2: Online Use) Other:	

Online Project Description:

77 Wynford Drive t. 416.646.4677 f. 416.646.4
Toronto, Ontario imagerequest@agakhanmuseum.org t. 416.646.4677 f. 416.646.4665 imagerequest@agakhanmuseum.org

URL Address:	
Required License Duration:	
Launch date:	
Languages:	
ADDITIONAL INFORMATION:	

Email the completed form to lmagerequest@agakhanmuseum.org. Please allow 3-4 weeks for processing.

FOR CURATORIAL USE ONLY

DATE:

REFERENCE NUMBER: