



## Rights and Reproduction Questionnaire

### Form 4: Broadcast Reproduction Use

#### CONTACT INFORMATION

Name: \_\_\_\_\_

Company/Institution: \_\_\_\_\_

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

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### INVOICE INFORMATION

Same as above

Name: \_\_\_\_\_

Company/Institution: \_\_\_\_\_

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

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### OBJECT INFORMATION

Accession Number: \_\_\_\_\_

(Please attach a thumbnail image and description to your email if the accession number is not available)

#### BROADCAST INFORMATION

Documentary

Television

Film

Advertising

Other: \_\_\_\_\_

Broadcast Project Description (please describe how the image will be used in the program):



Title: \_\_\_\_\_

Producer: \_\_\_\_\_

Networks: \_\_\_\_\_

Broadcast Dates: \_\_\_\_\_

Languages: \_\_\_\_\_

Anticipated distribution (geographically): \_\_\_\_\_

Required License Duration: \_\_\_\_\_

ADDITIONAL INFORMATION:

Email the completed form to [Imagerequest@agakhanmuseum.org](mailto:Imagerequest@agakhanmuseum.org).  
Please allow 3-4 weeks for processing.

**FOR CURATORIAL USE ONLY**

DATE:

REFERENCE NUMBER: