

# Reproduction Application Form

Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Proposed use of work: (size of edition, purpose etc.) \_\_\_\_\_  
 \_\_\_\_\_

Requirements (Please tick the appropriate box.)

6cm x 7cm Transparency       Digital image on CD. Output dimensions: \_\_\_\_\_  
 Other \_\_\_\_\_      Output resolution: \_\_\_\_\_

Work/s Required

Artist/Maker	Title/Date	Credit Line

Fees

Reproduction fee (if applicable)	\$ _____
Photographic services charge (if applicable)	\$ _____
Hire of transparency or supply of digital image	\$ _____
TOTAL:	\$ _____

Please return transparency by \_\_\_\_ / \_\_\_\_ / \_\_\_\_ .  
 Return transparencies to: Christchurch Art Gallery, PO Box 2626, Christchurch, New Zealand.

## Declaration

I/we have read and understood the reproduction conditions on the reverse of this form and this application confirms my/acceptance of them.

Signed: \_\_\_\_\_ (applicant)      \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date)

