# HIRSHHORN

# PHOTOGRAPHY REQUEST FORM

### Complete \*required fields, labeled in red and with an asterisk, below and send to the Rights and Reproductions Manager at <u>HMSGCollections@si.edu</u>.

## <u>ALL</u> requests require 8 weeks to fulfill or be subject to a \$25 Rush Fee.

<b>*DATE REQUESTED:</b>		*DEADLINE TO RECEIVE IMAGE:	
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REQUESTOR INFORMATION
*Name:
*Museum/Affiliation:
*E-Mail:
INTENDED IMAGE USE
*Type of Publication:
*Title:
*Author:
*Publisher:
*Language(s):
*Print Run:
*Publication Date:

### \*Enter accession number(s), artist's name(s), title of work(s), date, and intended reproduction size per object:

ACCESSION #	ARTIST	TITLE OF WORK	DATE	REPRODUCTION SIZE (¼, ½, or full-page)

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## **ADDITIONAL INFORMATION**

IMAGE FORMAT: (enter recipient information under Delivery Options)

### \*Image Resolution:

\*Image Dimensions:

**(OPTIONAL) COLOR-MATCH PRINTS**: Color-match prints are optional. We highly encourage them for full-page reproductions. Color-match prints are required for cover or commercial reproductions.

Accession Number	Artist	Title

**DELIVERY OPTIONS**: Images are delivered via WeTransfer using the e-mail address provided below. Color-match prints are delivered via FedEx. Enter FedEx Account Number below or our office will add \$5 (domestic) or \$15 (international) to your invoice.

\*E-Mail High-Resolution Images to:

**Color Match Prints Delivery Address:** 

#### FedEx Account #:

**Delivery/Shipping Notes:** 

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# PERMISSIONS

Our office provides permission to reproduce the provided image(s) of our accessioned object(s). **Requestors are responsible for obtaining artist rights to publish.** Please contact ARSNY, the major U.S. artist copyright organization, or the artist's estate for additional rights.

PERMISSIONS INFORMATION
*Name:
*Museum/Affiliation:
*Mailing Address:
*E-Mail:

# INVOICE

Our office provides a Photo Services fee estimate with our initial response. Payment is due within 30 days of receiving the invoice. We accept payment via credit card, check or wire transfers. See below for additional information:

Credit Card payments are via fax to our **Rights and Reproductions Manager** at **202-312-1995**. Please request fax forms at any time.

Make Checks payable to Hirshhorn Museum and Sculpture Garden. Send to Attention: Photography Office. Hirshhorn Museum and Sculpture Garden. P.O. Box 37012. MRC 355. Washington D.C. 20013-7012.

Requestors are responsible for the **Wire Transfer** fees; **\$10** (Domestic) or **\$25** (International). These fees will be added to your invoice.

INVOICE INFORMATION	
*Name:	
*Museum/Affiliation:	
*Mailing Address:	
*E-Mail:	

Payment Method: Use spacebar to select preferred method of payment below.

Credit Card

Check

Wire Transfer

Questions? Please direct all questions to our Rights & Reproductions Manager, at <u>HMSGCollections@si.edu</u> or 202-633-2804.