

Request for reproduction of collection pieces belonging to the RMM

I, (NAME, First name)
 living in (full address)

 Tel:
 E-mail:
 acting for

Data for invoice:

(NAME, First name or Social reason – Full address, tel. and e-mail):

 V.A.T. n°:

declare to observe the reproduction conditions and especially those relating to copyright.

I ask the RMM to supply the reproductions listed on the “List of requested reproductions”, under the terms and conditions mentioned above.

I understand that the work will only be executed **AND** delivered after payment of the invoice established by the RMM.

Signature

Date

Reserved to Museum administration

Date reception RMM		N° order	
Date and invoice n°		Date payment	
Date mailing repro			
Remarks Scale/ profile / resolution			

Reserved to Repro services

Date reception Repro	Storage: CD : DVD :
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List of requested reproductions

Purpose:

Free exhibition	Paying exhibition	Publication
Research	Private use	Internet
Multimedia	Re-use	Educational -school

Other (specify) :

In case of publication: expected date of publication:

Publisher:

Address:

Telephone: E-mail:

A reproduction will be used as cover or bill : * yes - no

Remarks:

* tick whatever is applicable

Sequence n°	Inventory n°:	Subject:	Remark image Scan : Scale / resolution
1			
2			
3			
4			
5			
6			
7			
8			

Signature and date: