



Rights and Reproduction Questionnaire

Form 3: Exhibition Reproduction Use

CONTACT INFORMATION

Name: _____

Company/Institution: _____

Address: _____

City: _____

Postal Code: _____

Email Address: _____

INVOICE INFORMATION

Same as above

Name: _____

Company/Institution: _____

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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)

EXHIBITION INFORMATION

Title of Exhibition: _____

Curator: _____

Location: _____

Start Date of Exhibition: _____ End Date: _____

Languages: _____

Image Size: _____

Method of Reproduction: _____

ADDITIONAL INFORMATION:

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



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imagerequest@agakhanmuseum.org
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FOR CURATORIAL USE ONLY

DATE:

REFERENCE NUMBER: