



Rights and Reproduction Questionnaire

Form 6: Other 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)

PROJECT DESCRIPTION:

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

FOR CURATORIAL USE ONLY

DATE:

REFERENCE NUMBER: