



Image Request Form

Name: _____

Institution/Organization: _____

Address: _____

Contact Person: _____

Email: _____

Object: _____

Accession Number: _____

Artist: _____

Title: _____

Credit Line to Read: _____

Publication and Use: _____

Print Film-Video Display-Exhibition

Title: _____

Author: _____

Language: _____ Print Run: _____

Publisher: _____ Publication Date: _____

Nature of Publication (commercial, editorial, educational, advertising, etc.): _____

Fees: There is a \$100 image fee for a high resolution electronic image. Other image forms may be requested.

Museum Contact: smoa@springfieldart.net

Thank you for your request. Museum staff will review your request within 5 business days.

(Rush orders will be reviewed upon receipt.)

The Springfield Museum of Art reserves the right to refuse any requests and to impose such conditions as it may deem advisable in the best interests of the Museum.



SPRINGFIELD MUSEUM OF ART

In Association with the Smithsonian Institution

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