



MARYLAND CENTER FOR HISTORY AND CULTURE

DEPARTMENT OF IMAGING SERVICES

610 Park Avenue, Baltimore, MD 21201 // imagingervices@mdhistory.org // Fax 410.385.2105

Name _____ MCHC Member No. _____

Company _____

Address _____

Phone _____ Email _____

Today's Date _____ Due Date Requested _____

Standard turnaround time is 14 business days after payment is received. Please confirm rush requests.

- SERVICE REQUESTED:**
- Digital Reproduction (image file only, no permissions)
 - Image Permission Only
 - Digital Reproduction and Permission

- DELIVERY METHOD:**
- Digital Download
 - Special Instructions (additional fees may apply) _____

PAYMENT METHOD: (Orders are not processed until payment has been received)

- Check (Please do not send check until contacted by staff)
- Credit card (Discover, Mastercard, Visa, and American Express)
- Pay Pal

Non-profit Tax ID Number _____ (Commercial fees will apply if not provided)

PROJECT INFORMATION

Medium(s) _____ Author/Designer _____

Title of Medium _____

Publisher Name & Address _____

Expected Date of Publication/Exhibit _____

Size of Print Run/Exhibit _____

Languages/Geography _____

Image Placement and Size _____

URL if Publishing on Web _____

FOR STAFF USE ONLY. PLEASE DO NOT SUPPLY YOUR INFORMATION HERE.

Name on card _____ CCV Code _____

Account Number _____ - _____ - _____ - _____ Expiration Date ____ / ____



MARYLAND CENTER FOR HISTORY AND CULTURE

IMAGE REPRODUCTION INFORMATION

610 Park Avenue, Baltimore, MD 21201 // imaging@mdhistory.org // Fax 410.385.2105

NOTE: THE DEPARTMENT OF IMAGING SERVICES PROVIDES DIGITAL REPRODUCTIONS OF ITEMS IN THE COLLECTION. WE DO NOT PROVIDE PRINTED REPRODUCTIONS.

Item ID _____	Author/Artist _____
Title _____	

Collection _____	Date _____
Type of Reproduction Requested (please check one):	
<input type="checkbox"/> DIGITAL FILE: DPI SIZE YOU WOULD LIKE TO REQUEST: _____ <input type="checkbox"/> JPG <input type="checkbox"/> TIFF	
<input type="checkbox"/> PERMISSION ONLY	

Item ID _____	Author/Artist _____
Title _____	

Collection _____	Date _____
Type of Reproduction Requested (please check one):	
<input type="checkbox"/> DIGITAL FILE: DPI SIZE YOU WOULD LIKE TO REQUEST: _____ <input type="checkbox"/> JPG <input type="checkbox"/> TIFF	
<input type="checkbox"/> PERMISSION ONLY	

Item ID _____	Author/Artist _____
Title _____	

Collection _____	Date _____
Type of Reproduction Requested (please check one):	
<input type="checkbox"/> DIGITAL FILE: DPI SIZE YOU WOULD LIKE TO REQUEST: _____ <input type="checkbox"/> JPG <input type="checkbox"/> TIFF	
<input type="checkbox"/> PERMISSION ONLY	