



IMAGE REQUEST FORM

Please fill out this form as completely as possible and mail or fax back to:

Curatorial Assistant
Museum of Contemporary Art San Diego
1100 Kettner Blvd.
San Diego, CA 92101

Fax: 619 814 4670

Contact Information

Name

Organization

Address

Phone

Fax

E-mail

Requestor's Status:

- 501(c)(3) Non-Profit Organization
- For-Profit Company
- Private Individual
- Other: _____

Requested Image(s) (attach additional pages if necessary). Attach a copy of image(s) if possible.

Artist

Title

Date

Medium

Accession Number (if known)

Artist

Title

Date

Medium

Accession Number (if known)

Image Type Requested

- Color transparency
- Black and white transparency
- 35mm slide
- Digital file, 300 dpi TIFF
- Other: _____

Intended Use

- Web
- CD-Rom
- Film/Video
- Print

Title

Author

Editor

Publisher

Language(s)

Distribution

Publication Date

Title

Print run/no. of copies

Please provide information as to the nature of your publication/intended use:
(Educational, promotional, profit, nonprofit, etc.)
