

## REPRODUCTION REQUEST FORM

To the Manager of the Museum .....

The undersigned ..... Fiscal code .....  
as ..... of the company/organisation .....  
Town of birth (or country) .....  
Province .....  
Date of birth .....

Residence  
Town/city ..... Prov. ....  
Country .....  
Address .....  
Postal code ..... tel. .... fax .....

Domicile if different from residence  
Town/city ..... Prov. ....  
Country .....  
Address .....  
Postal code ..... tel. .... fax .....

email .....

Foreign fiscal code released by the authority of the belonging country (compulsory for residents in both, the EU and not)  
Fiscal code/VAT .....

### DECLARES

under his/her own responsibility and in accordance with Italian Presidential Decree 445/2000

to be aware of the contents of Council Resolution no. 129190/2019 of 21/03/2019 concerning the approval of the Istituzione Bologna Musei tariff plan



The undersigned intends to publish through the following channels:

in the magazine	In the book	CD	DVD	TV programme	website
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author*					
title					
publisher, place of publication and date					
copies			cover price		

\* If the distribution channels are not a magazine or book, the identifying information of the specific medium must be entered.

### Shipping

- By postal service                       By electronic means (recommended)

Place and date

Signature

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Note: The grant will be finalised upon acceptance by the Istituzione. You will receive an estimate of the costs including any right of reproduction and the reimbursement of shipping/col-lection costs, if due.