



ACROPOLIS MUSEUM

## APPLICATION TO PHOTOARCHIVE

### **Applicant's Contact Information**

Name/Organisation:

Address:

Telephone:

Fax:

Email:

Profession:

### **Purpose of application** (underline)

1. Photography                      2. Publication                      3. Study

4. Supply of photo from Photoarchive

Other: (specify)

### **The material will be used for:** (underline and specify)

1. Scientific purpose

2. Commercial purpose

3. Other:

### **In case of publication:**

The material will be used in the cover? (underline)                      YES                      NO

### **Publication details:**

Author:

Editor:

Title of publication:

Type of publication:

No of copies:

Estimated retail price:

Date of proposed circulation:

Production (countries):

Distribution (countries):

Languages:

Tel. & fax & email:

**Company Information / Invoicing Details**

Company name:

Profession:

Address:

City:

Postcode:

VAT number:

Phone number:

**Photography details** (the presence of persons is prohibited)

(underline)

- |                                 |                              |
|---------------------------------|------------------------------|
| 1. without movement of exhibits | 2. with movement of exhibits |
| 3. without window opening       | 4. with window opening       |

**Duration** (in hours/days):

The material will be used in an electronic format? (underline) YES NO

Type of electronic format:

**In case of use of image on the internet:** (underline)

- |                          |                                    |                 |
|--------------------------|------------------------------------|-----------------|
| 1. Low resolution 72 dpi | 2. High resolution (up to 300 dpi) | 3. Moving image |
|--------------------------|------------------------------------|-----------------|

Duration of use of the material:

Website URL:

Website genre:

Languages:

**Preferred date/hours of visit:**

**General takes within the Museum:** (underline)

1. Courtyard Area
2. Ground floor / Gallery of the Slopes
3. Level 1 / Archaic Gallery
4. Level 1 / 5th B.C. - 5th A.D.
5. Level 3 / Parthenon Gallery
6. Archaeological Excavation

**Exhibits** (specify the requested view of the exhibit)

<b>Catalogue No.</b>	<b>Title</b>	<b>View</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

(please use an additional A4 sheet if required)

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I declare hereby that I have read and agree to the ["Terms and Conditions"](#).

(date)

(Signature)

