# APPLICATION TO PHOTOARCHIVE

**Applicant’s Contact Information**

Name/Organisation:

Address:

Τelephone:

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:

Τel. & 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)

# Catalogue No. Title View

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”**](http://www.theacropolismuseum.gr/sites/default/files/fees_for_photography_and_filming_etc.pdf)**.**

(date)

(Signature)