

Reprint Order Form

Date: ____ / ____ / ____

Company (Requested By): _____

Address (City State Zip): _____

Phone (Fax): _____

Email: _____

Agency/Billing: _____

A/P Contact: _____

Address (City State Zip): _____

Phone (Fax): _____

Email: _____

REPRINT OPTIONS / PRICE*

Emailed 8.5"x11" PDF Reprint \$50

Framed 16"x 20" Matted Reprint (one page/cover) \$100

Framed 18"x24" Reprint (entire article w/art) \$150

DESCRIPTION OF REPRINT

Title: _____

Publication & Date: _____

Page Number (if possible): _____

*Billing invoice to be sent with delivery