



DIGITAL IMAGE RESOURCES

Photo Material & Reproduction Request Form

Thank you for your interest in obtaining photo materials and/or seeking permission to reproduce images from the Museum of Fine Arts, Boston collection. Please complete the form and return it via fax or post mail. Please note that processing time takes approximately **2-3 weeks**, and incomplete information will result in delays.

Rush Option: A reduced processing time of 1 week from fee confirmation may be available for a fee of \$250 in addition to any photo material and reproduction fees. If you are interested in this service, please check here.

RUSH



Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

Art Object(s)

Please provide as much information about the artwork as possible and indicate the type of photo material desired for each object. The MFA collection contains many objects of the same title, and any distinguishing information you can provide will help avoid researching delays. If possible, please fax or send a copy of the image for the most accurate object identification.

Art Object #1

Accession No: _____ Title: _____

Artist: _____ Medium: _____

Photo Material Requested:

☐ Digital File*

(CD: \$100; Electronic Delivery: \$50)

***complete pg. 3**

☐ Black & white print

(\$25)

(May NOT be used for reproduction)

☐ Color Print (\$35)

☐ Low-res. Digital (\$5 each/\$10 minimum)

Art Object #2

Accession No: _____ Title: _____

Artist: _____ Medium: _____

Photo Material Requested:

☐ Digital File*

(CD: \$100; Electronic Delivery: \$50)

***complete pg. 3**

☐ Black & white print

(\$25)

(May NOT be used for reproduction)

☐ Color Print (\$35)

☐ Low-res. Digital (\$5 each/\$10 minimum)

Art Object #3

Accession No: _____ Title: _____

Artist: _____ Medium: _____

Photo Material Requested:

☐ Digital File*

(CD: \$100; Electronic Delivery: \$50)

***complete pg. 3**

☐ Black & white print

(\$25)

(May NOT be used for reproduction)

☐ Color Print (\$35)

☐ Low-res. Digital (\$5 each/\$10 minimum)

Art Object #4

Accession No: _____ Title: _____

Artist: _____ Medium: _____

Photo Material Requested:

☐ Digital File*

(CD: \$100; Electronic Delivery: \$50)

***complete pg. 3**

☐ Black & white print

(\$25)

(May NOT be used for reproduction)

☐ Color Print (\$35)

☐ Low-res. Digital (\$5 each/\$10 minimum)

Study Purposes: If you are only interested in obtaining photo materials for study purposes and not for reproduction, please provide your credit card information in the space provided to expedite your request. You will receive a fee quote within 2 weeks. Your credit card will not be charged until you have confirmed acceptance of those fees.

Credit Card Type: ☐ MasterCard ☐ Visa ☐ American Express Number: _____
Name on credit card: _____
Expiration Date: _____ Total Purchase: _____
Security Code: _____ (MC/Visa: 3-digit on reverse Add Shipping (\$5 US/ \$15 International): _____
AmEx: 4-digit on front) Grand Total: _____
Signature: _____

Reproduction Information: If you would like to request permission to reproduce images, please complete the appropriate section based on the nature of your project. Please keep in mind that there may be a reproduction fee based on the specifications of your project. If you wish to add any additional information, please write in the Project Notes box below.

Do you plan to use a detail or crop any of the images? ☐ Yes ☐ No If yes, specify image(s): _____

Are you requesting cover use? ☐ Yes ☐ No If yes, specify image: _____

☐ Print

Project Type	Title: _____
<input type="checkbox"/> Book	Author: _____
<input type="checkbox"/> Article	Publisher: _____
<input type="checkbox"/> Thesis	Territory/Distribution: _____ Language: _____
<input type="checkbox"/> Other _____	Print Run: _____ Publication Date: _____

☐ Film/Broadcast Media

Project Type	Title: _____
<input type="checkbox"/> Film	Producer: _____
<input type="checkbox"/> Television	Director: _____
<input type="checkbox"/> Video	Territory/Distribution: _____ Language: _____
<input type="checkbox"/> Other _____	Print Run (if video): _____ Release Date: _____

☐ Digital Media

Project Type	Title: _____
<input type="checkbox"/> Website	Producer/ Web Host: _____
<input type="checkbox"/> CD-ROM	Web Address: _____
<input type="checkbox"/> DVD	Territory/Distribution: _____ Language: _____
<input type="checkbox"/> Other _____	Print Run (if CD/DVD): _____ Release Date: _____

Project Notes:

Please fax this form to (617) 437-7471 or send it to the address below. For additional assistance, please contact:

MFA Images - Digital Image Resources
Museum of Fine Arts, Boston
465 Huntington Ave.
Boston, MA 02115
Phone: (617) 369-4338 | **E-mail:** mfaimages@mfa.org

DIGITAL IMAGE REQUEST

If you are requesting a digital image, please complete the form and return it via fax, or post mail with your request form. **Please note that your order cannot be processed unless we receive all of the necessary information.**

Name: _____

Organization: _____

Digital File Format: ☐ RGB Jpeg (for non-print use only)
☐ RGB Tiff
☐ CMYK Tiff (see section below)

Resolution: ☐ 300 DPI
☐ 400 DPI
☐ Other _____

All RGB files will have an embedded profile.

Image Output Size: H: _____ W: _____
☐ inches ☐ pixels

Delivery Method: ☐ CD-ROM ☐ DVD
(All CDs and DVDs are readable on MAC and PC platforms.)
☐ Electronic Delivery (available for down-load via broadband/DSL internet connection)
☐ Email Attachment: (Jpeg only) Address: _____
☐ FTP: (Jpeg or Tiff) FTP Address: _____
Login: _____ Password: _____

If you have requested a CMYK separation, you must have your separator or printer fill in the following CMYK SEPARATION SET-UP information.

CMYK SEPARATION SETUP

(Please check off the appropriate settings for your Press)

Ink Colors:

<input type="checkbox"/> AD-LITHO (Newsprint)	<input type="checkbox"/> SWOP (Newsprint)
<input type="checkbox"/> Dianippon Ink	<input type="checkbox"/> SWOP (Uncoated)
<input type="checkbox"/> Eurostandard (Coated)	<input type="checkbox"/> Toyo Inks (Coated Web Offset)
<input type="checkbox"/> Eurostandard (Newsprint)	<input type="checkbox"/> Toyo Inks (Coated)
<input type="checkbox"/> Eurostandard (Uncoated)	<input type="checkbox"/> Toyo Inks (Dull Coated)
<input type="checkbox"/> SWOP (Coated)	<input type="checkbox"/> Toyo Inks (uncoated)

Dot Gain: _____ %

Separation Type: ☐ GCR ☐ UCR

Black Generation: ☐ None ☐ Light ☐ Medium ☐ Heavy ☐ Max

Black Ink Limit: _____ % **Total Ink Limit:** _____ % **UCA Amount:** _____ %