

Order Form:

Print Publication, Media Production, and Other Fee-based Use

Name:

Street Address:

Phone

Email

Fax

Payment information: _____ check enclosed (payable to the Smithsonian Institution).
_____ I prefer to pay by credit card:

Name, address, and other contact information for card holder (if different from above):

___ Visa ___ Mastercard ___ American Express ___ Discover Card

Card number: _____ Expiration date: _____

Line	Description (scan number, title, etc.)	Format (.tif, .jpeg)	Price \$10.00/scan
1			
2			
3			
4			
5.	Handling fee (per order)		\$20.00
6.	Reproduction fee (from table)		
7.		TOTAL DUE	\$

MAIL Order form to: Archives Center Smithsonian Institution P.O. Box 7012 NMAH Suite 1100, MRC 601 Washington, DC 20013-7012 Attn: Kay Peterson (202 633 3727)	FAX Order form to: 202 786 2453 Attn: Kay Peterson (202 633 3727)
---	--

Please send scan on CD to above postal address: _____; Please contact me about electronic delivery (FTP): _____.

In placing this order you warrant that you will limit the use of these files to the purposes stated in your application.