

Reprint Permission Request Form

1. What is your name, organization, phone, and fax number?

2. What is the name, date, and author of the publication you wish to reproduce/excerpt from (include page and chapter numbers when appropriate)?

3. How do you wish to use the information (e.g., in a newsletter, on a Web site, at a meeting, etc.) and who is your audience (members of your organization, congressional staff, other)?

4. How many copies will you make? _____

Please note: As a non-profit organization, AcademyHealth provides its publications free of charge. Therefore, reproductions of our materials cannot be sold or be relegated to members-only Web sites. AcademyHealth and/or its programs must be properly attributed when its work is used.

Please submit the above information to:

Heather Smithco, Communication Coordinator

fax: 202.292.6845 E-mail: heather.smithco@academyhealth.org
