

Permissions Request Form

Please complete Sections A, B & C below, and return this form via email to communications@adha.net.

SECTION A

First Name: _____ Last Name: _____ Title: _____

Organization: _____

Street Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Telephone: _____ Email: _____

SECTION B

Title of Article to be Used: _____

Author(s): _____

Volume & Issue of Original Publication: _____ Page Range: _____

Do you need a PDF copy of the Article with a Permissions statement in the header: Yes No

How will the article be used: _____

SECTION C

How many pages is the article? (#): _____ Calculate Permissions Fee at # pages x \$10.00 USD: _\$ _____
Partial articles not permitted.

Name of publication/website where the article will be reprinted/republished/posted: _____

Publisher: _____ Anticipated publication/posting date: _____

Purpose of including this article: _____

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