**Dermatology Online Journal IMAGE REQUEST CHECKLIST**

Company/Organization Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Company/Organization is for-profit

[ ] Company/Organization is non-profit

Contact Information:

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Telephone Number: |  |

Please describe the intended use of the image(s):

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

[ ]  Copy of requested image is attached

***If the image is to be used for print:***

Print run (how many copies of the publication will be printed):

Number of pages of the publication the image is requested for:

In what language will the publication be printed?

Territory – where will the publication be distributed?

[ ]  Please upload image as above, if you have not done so already