

**IMAGE USE**  
AGREEMENT and INVOICE



**SHELDON JACKSON MUSEUM**

104 College Drive Sitka, AK 99835  
Ph: (907) 747-8981 Fax: (907) 747-3004  
[www.museums.state.ak.us](http://www.museums.state.ak.us)

**APPLICANT'S CONTACT INFORMATION:**

|                        |                       |  |                  |
|------------------------|-----------------------|--|------------------|
| <b>Name:</b>           | <b>Title:</b>         | <b>Organization:</b>   |                  |
| <b>Address:</b>        | <b>City:</b>          | <b>State/Country:</b>  | <b>Zip Code:</b> |
| <b>Phone:</b>          | <b>Fax:</b>           | <b>Email:</b>  |                  |
| <b>Date Requested:</b> | <b>Date Required:</b> | <b>Delivery Method:</b><br><input type="checkbox"/> Electronic Transfer <input type="checkbox"/> Mail <input type="checkbox"/> Pick up |                  |

**DESCRIPTION OF PROJECT:** Include purpose of production and intended use (textbook, trade book, periodical, cover, poster, film, video, television, photo, CD).

**IMAGES REQUESTED:** Attach additional pages if necessary.

| SJM Catalog # | Name of Object: | Image type/format | Size | Existing Image | Photographer |
|---------------|-----------------|-------------------|------|----------------|--------------|
|               |                 |                   |      |                |              |
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**CONDITIONS:** Failure to comply with the terms of this contract may result in denial of future requests.

- **PUBLICATION/BROADCAST RIGHTS:** All rights are one time, non-exclusive use per publication or production. Further use of museum images, including reprints, must be applied, approved, and paid for with a new application. The applicant may not permit others to reproduce the image.
- **COURTESY COPY:** In addition to publication and service charges, the applicant shall give the museum one copy of the publication or production in which the image appears.
- **COPYRIGHT:** Requestors assume all responsibility for questions of legal authorship rights and/or copyright infringement that may arise in the use of the reproduction.
- **NEW PHOTOGRAPHY:** When necessary, the applicant must hire a photographer, who must assign copyright of the images to the Alaska State Museum, and give the museum a set of original images, to be paid for by the applicant.
- **CREDIT LINE:** If the image is published or broadcast, the following credit line must appear next to the image, in an adjacent caption, or in film or video productions, the credits: *Sheldon Jackson Museum, Sitka [catalog number], photograph by [name]*
- **ALTERATIONS:** The images may not be altered, superimposed, transposed or cropped in any way that significantly changes the meaning or context of the image or compromises its authenticity.
- **ENDORSEMENT:** Photographs shall not be used to show or imply Museum endorsement of any commercial product or enterprise, or indicate that the Museum concurs with the opinions expressed in, or confirms the accuracy of any text used with, these photographs.

**FEES:**

- **IMAGE USE:** \$25 per image used, payable in advance to the Alaska State Museum.
- **SERVICE CHARGE:** \$50 per hour. Other service charges listed on invoice.
- **PHOTOGRAPHY AND PHOTO PROCESSING:** The applicant will pay outside vendors directly.

**Applicant agrees to the terms and conditions stated above and to pay all fees as shown on the invoice.**

**Permission is granted for one-time use of the items and purposes listed above, when full payment of fees is received.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Curator, Alaska State Museum

\_\_\_\_\_  
Date

**Submit this form by mail, fax, or email to the Alaska State Museum at the above address.**

# IMAGE USE INVOICE



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|                         |           |   |           |
|-------------------------|-----------|---|-----------|
| <b>BILLING ADDRESS:</b> |           | <b>SHIPPING ADDRESS:</b> <input type="checkbox"/> Same as billing address |           |
| Name:                   |           | Name:   |           |
| Institution:            |           | Institution:  |           |
| Address:                |           | Address:  |           |
| State / Country:        | Zip Code: | State / Country:  | Zip Code: |
| Phone:                  | Fax:      |   |           |
| Email:                  |           |   |           |

|  |                                     |  |   |
|--|-------------------------------------|--|---|
| <b>METHOD OF PAYMENT:</b>  |                                     | <b>SHIPPING OPTIONS: (Check all that apply)</b>            |   |
| <input type="checkbox"/> Check or Money Order (payable to the Alaska State Museum) |                                     | <input type="checkbox"/> USPS Express Mail                 | <input type="checkbox"/> USPS Priority Mail |
| <input type="checkbox"/> VISA  | <input type="checkbox"/> Mastercard | <input type="checkbox"/> Federal Express                   | <input type="checkbox"/> DHL                |
| Name on Card:  |                                     | <input type="checkbox"/> Other:                            |   |
| Card Number:   |                                     | <input type="checkbox"/> Certified                         | <input type="checkbox"/> Insured            |
| Security Code:<br>(3-digit code on back of card)                                   | Expiration Date:                    | <input type="checkbox"/> Additional Shipping Instructions: |   |

**FEES AND CHARGES:**

- Only those services listed below are available from the Museum—other services must be obtained from vendors.
- Certain services are not available locally and must be sent out of town.
- Rush service is not available.

|   | Service                              | Price each | Quantity | = Cost |
|---|--------------------------------------|------------|----------|--------|
| List the quantity of images requested according to type and size. | Image Use Fee (per image used)       | 25.00      |          |        |
|   | Staff Service Fee (\$50.00 per hour) | 50.00      |          |        |
|   | Print (research quality)             | 10.00      |          |        |
|   | CD or DVD                            | 1.00       |          |        |
|   | Scanning (per item)                  | 10.00      |          |        |
|   | B&W Photocopies                      | .10        |          |        |
|   | <b>TOTAL COST (US\$)</b>             |            |          |        |

**STAFF USE ONLY: Request filled by:**

|                    |       |
|--------------------|-------|
| Name and Position: | Date: |
|--------------------|-------|