

APPLICATION FOR PHOTOGRAPHY

Please complete and return this form at least one month before the planned date of shooting to
Fax +49 30 24002-218 or Mail: pr@stadtmuseum.de

**Information about Applicant
Company**

.....

Applicant

.....

Name/First Name

Position

Phone number

Head Office

.....

Street

City

Phone

Fax

e-Mail

Invoice Address (if different)

.....

Contact person at shooting

.....

Name/First Name

Position

Phone number

Information about shots | Usage of shots**Type** (commercial/scientific usage/current coverage)

.....

Publication

.....

Circulation

.....

Article

.....

Information about shooting**Location (Museum)**

.....

Rooms | Collections

.....

External shots desired? (where)

.....

Duration (Beginning and end of shooting)**from**

Date / Time

to

Date / Time

Size of team

.....

Technical equipment

.....

Site survey desired

YES / NO

Place/Date

Stamp/ Signature