

# Permissions Request Form

Please complete Sections A, B & C below, and return this form via email to [communications@adha.net](mailto: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 \$20.00 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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