Reprint Permission Request Form

Instructions

If you would like to reprint or adapt any content from an ADA book, please fill out this form as completely as possible. If you have questions or concerns, contact Anika Swarn at aswarn@eatright.org or 312/899-4807.

Please e-mail, fax, or mail your completed request to:

American Dietetic Association
Attn: Aniká Swarn – Books and Resources Team
120 South Riverside Plaza, Suite 2000
Chicago, IL 60606-6067
Fax: 312/899-4757
E-mail: aswarn@eatright.org

Part 1: Requestor Information

Name: _____

Company Name: _____

Street Address: _____

City_____State _____ Zip Code _____ Country_____

Contact Phone Number: (_____) _____Fax Number: (_____) _____

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Part 2: Billing Information (if different from above)

Billing Contact Name: _____

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Phone Number (required): (_____) _____E-mail: _____

Part 3: ADA Publication Information

****Please note: if you intend to adapt the material(s) in any form, we require that you submit a copy of the adapted version(s) with your request.**

Title of Publication: _____

Author(s)/Editor(s): _____

ISBN (if available): _____Catalog Number: _____Edition: _____

Specific Material [figure(s), table(s), page(s)] – attach additional sheets if necessary

_____
_____
_____

Part 4: Details of Your Publication

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Publisher: _____

Projected Publication Date: _____Maximum Press Run: _____

Projected Price: $_____

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(Please check all that apply.)

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□ CD-ROM
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- What is the URL where the material would be located? _____
- Is the web site where the material will be posted password protected, or is access to the website limited in any way? _____ Yes _____ No
- How many users would have access? _____
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  From_____ To_____

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□ Software Program: (i.e. PowerPoint, database, disk)
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_____
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THANK YOU FOR YOUR REQUEST!