NATIONAL OSTEOPOROSIS FOUNDATION
Publication Reprint Form for For-Profit Publications

Date: __________________________________________________________________________

Permission requested by: (publisher’s name, address, phone/fax numbers) __________________________________________________________________________

Contact person: ______________________________________ E-mail: __________________________

A: Specify publication, volume, page, paragraph, line, figure, table, etc. ________________________________________________________________

B. For use in: (publication title, authors, edition, etc.): __________________________________________________________________________

C: Type of permission requested (please fill in all blanks that apply)
   Permission to reprint excerpts of publication: __________________________________________________________________________
   Permission to reprint publication in its entirety: __________________________________________________________________________
   Permission to translate from English to another language: ______________________________________________________________________
   Permission to translate from Spanish to another language: _____________________________________________________________________
   Permission to translate from one media to another (please specify): ___________________________________________________________________
   Permission to modify or redraw artwork (changes subject to NOF approval*): ___________________________________________________________________
   Permission to reproduce artwork: __________________________________________________________________________________________

D: Information on Final Publication
   Media (print, CD, video, Internet etc.): __________________________________________________________________________
   Anticipated circulation/production volume: __________________________________________________________________________
   Anticipated audience: _____________________________________________________________________________________________
   Anticipated geographic distribution: _________________________________________________________________________________

E: An administrative fee of $100.00 to process this application must accompany this form. This fee covers up to 500 words of printed information.
   For 501 –2500 words there is an administrative fee of $500
   For over 2501 words there is an administrative fee of $750
   ☐ A check is enclosed.
   ☐ Please charge to Master Card, Visa, American Express.
       Card number: ___________________ Expiration: __________________________
   ☐ A waiver of this fee is requested because __________________________________________________________________________

F: The following credit line must appear with the reproduced material:
   Reprinted with permission from (publication title, volume, page #,) (publication date) National Osteoporosis Foundation, Washington, DC 20037.

G: Requestor agrees to full comply with reprint policy attached:
   Signature __________________________________________________________________________
   Title __________________________________________________________________________ Date __________________________________________________________________________

H: Permission is hereby granted for one-time use:
   Signature __________________________________________________________________________
   NOF Title __________________________________________________________________________ Date __________________________________________________________________________