

Archive Visitor Application

Please complete, sign and return this fo	rm via e-mail to the APRA	Foundation at a	rchive@adrianpiper.com	. Thank	you for y	your
interest						

1. RESEARCH PURPOSE: 2. PROPOSED RESEARCH DATE(S): 3. VISITOR NAME: 4. VISITOR TITLE: 5. VISITOR INSTITUTIONAL AFFILIATION (IF ANY) 6. VISITOR STREET ADDRESS 1: 7. VISITOR STREET ADDRESS 2: 8. CITY, STATE, POSTAL CODE: 9. COUNTRY: 10. VISITOR E-MAIL ADDRESS: 11. VISITOR TELEPHONE NR.: 12. VISITOR/VENUE VAT NR.: (if applicable)	mierest.	
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Title of Work Requested for Viewing	Date of Work	Medium

TERMS

- (1) The Works Requested for Viewing listed above are prepared and made available for viewing by advance appointment with APRA's Archivist.
- (2) Any visual or aural documentation of the Works for research purposes must be approved in advance by APRA's Archivist, and is subject to the terms of APRA's Reproduction Permission Agreement (available at http://adrianpiper.com/reproduction_permissions.shtml).
- (3) APRA does not screen video or audio works for Archive Visitors that are available for rental.
- (4) No smoking, eating or drinking is permitted at the Archive.
- (5) The Archive Visitors' fee is billed at £25.00/hour, with a minimum appointment of two hours, payable in advance. Students are admitted free of charge. Additional appointments are subject to the same terms.
- (6) The Visitor's signature below signals agreement with the above terms.

VISITOR'S	DATE OF	
SIGNATURE:	APPLICATION:	

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