**IFAMR Reprint Permission Form**

(Please Type or Print)

**Contact Information**

Full Name:

Business Title:

Organization:

Mailing Address:

City:

State/Province:

Postal Code:

Country:

Phone:

Fax:

**Article Information**

Article Title:

Author(s):

IFAMR Volume/Issue:

Number of copies to be reprinted:

What publication or medium will the article be reprinted in or for?

When will the article be reprinted?