



Gallerie
Accademia,
Venezia

Request to take photo or video

The undersigned _____
Qualification/Profession _____
Organization or structure of belonging _____
Address _____
Postcode _____ City _____ Country _____
Tel _____ Fax _____ E-mail _____

Asks to be authorized to take the following photos or videos in one of the Museum below:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Technical means used _____

Video duration _____

Pictures will be taken by _____

Reason for request _____

(If the picture is to be published, you have to fill in the form "Request for paper/electronic rights")

Venezia

Signature



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