## OFFICE OF THE UNIVERSITY PHOTOGRAPHER PHOTO REQUEST FORM

420 WEST 116TH STREET, APT. 1A, NEW YORK, NY 10027, 212-854-6527

| Name                                 |                  |                 |                   | E-r             | nail                      |                 |              |               |
|--------------------------------------|------------------|-----------------|-------------------|-----------------|---------------------------|-----------------|--------------|---------------|
| Name of event                        |                  |                 |                   |                 |                           |                 |              |               |
| Date of event                        |                  |                 |                   |                 |                           |                 |              |               |
| Place of event                       | (list address if | off campus)     |                   |                 |                           |                 |              |               |
| Time photogra                        | pher is reques   | sted (start and | finish)           |                 |                           |                 |              |               |
| Contact persor                       | n at event       |                 |                   |                 |                           |                 |              |               |
| Brief description                    | on of photogra   | aphy needs _    |                   |                 |                           |                 |              |               |
|                                      |                  |                 |                   |                 |                           |                 |              |               |
| Any restriction                      | s for shoot (e.  | g., no flash ph | otography)        |                 |                           |                 |              |               |
| Format for fina                      | l files as DVE   | or D            | ropbox            | (check one)     |                           |                 |              |               |
| Chart string for                     | r billing        |                 |                   |                 |                           |                 |              |               |
| Dept                                 | Unit             | Fund            | PC Bus Unit       | Project         | Activity                  | Initiative      | Segment      | Account       |
|                                      |                  |                 |                   |                 |                           |                 |              |               |
|                                      |                  |                 |                   |                 |                           |                 |              |               |
|                                      |                  |                 |                   |                 |                           |                 |              |               |
|                                      |                  |                 |                   |                 |                           |                 |              |               |
| \$175 per hour,<br>\$125 per disc of |                  |                 | nts, with a one-  | hour minimum    |                           |                 |              |               |
| Normal turn-ar                       |                  |                 |                   | der.            |                           |                 |              |               |
| For delivery wi                      | thin 24 hours,   | rush charges    | will apply of \$7 | 75 for a comple | ete shoot or \$5          | 50 for 20 phot  | os.          |               |
| A cancellation                       | fee of half the  | e photographe   | er's fee will be  | charged for ar  | ny event cance            | elled after the | photographer | is confirmed. |
| E-mail form                          | to eb6@co        | lumbia.edu      |                   |                 |                           |                 |              |               |
| For office use of                    | only:            |                 |                   |                 |                           |                 |              |               |
| Name of photographer                 |                  |                 |                   |                 | QUESTIONS? Please contact |                 |              |               |
|                                      |                  |                 |                   |                 |                           | QU LU I I       | OTNO: PR     | ease contact  |