



**For NLN use only**

Permission:  Granted  Denied

Initials \_\_\_\_\_ Date \_\_\_\_\_

Reason: \_\_\_\_\_

## National Lymphedema Network (NLN) Reprint Permission Request Form

The National Lymphedema Network (NLN) will consider reasonable requests for the reprinting of articles that appear in *LymphLink*, its quarterly news publication, *Lymph e-Channel*, its bimonthly newsletter, or other NLN publications or educational materials. Please note the following guidelines below, complete the form and fax to 415-908-3813. We will contact you shortly. Please feel free to follow up as needed at 415-908-3681.

### Guidelines

- Article reprints must be used for educational purposes and may not be sold except as part of a larger publication such as a journal, magazine, book or newsletter, and only for the journal, magazine, book, newsletter or other formatted text indicated specifically in this request;
- No editorial alterations/changes are allowed without written permission of the NLN;
- Until a formal response is received from the NLN, you **do not** yet have permission to reprint. Please allow at least five (5) working days for processing as we need time to consider your request and to contact the author of the article you wish to reprint;
- Once approved, the permission granted herein shall terminate if the work is not published within two years following the date of execution of this agreement or if the work remains out of print for at least six months.

### Request *(Please type or print clearly)*

Date of request \_\_\_\_\_ Date of proposed reprint \_\_\_\_\_

Name of Organization \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City, State/Province, Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

### Materials to be printed

I hereby request permission to reprint the following material from your publication/educational materials indicated below (**include** title(s) of article(s), author(s), publication name, volume and issue if applicable – *attach separate sheet if necessary*):

\_\_\_\_\_

\_\_\_\_\_

The article will be reprinted in (name of publication, circulation, details of use):

\_\_\_\_\_

\_\_\_\_\_

### By signing below:

I confirm that: **(1)** the information on this application form is accurate to the best of my knowledge. I also understand that, if granted permission to reprint, this is a one-time reprinting permission and I will contact the NLN if I desire to again reprint this or any NLN material; and **(2)** I agree to all above guidelines and the following:

1. I will give credit to NLN on the copyright page of the publication (or beginning/end of complete article, if reprinted), or on the first page of each quotation covered by this permission on every copy manufactured, as follows: *“Originally published in LymphLink/Lymph e-Channel, (year), Volume \_ Issue No. \_\_ Copyright (insert year publication) National Lymphedema Network, www.lymphnet.org. Reprinted by permission.”*
2. I will forward to the NLN one (1) copy of the entire published work no later than 30 days after the project is complete.

Print name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_