

## ORALLONGEVITY PERMISSION REQUEST FORM

### Request to Translate OralLongevity Materials

Please complete all questions that apply to your request. This form must accompany your request to translate and use ADA copyrighted OralLongevity print/ audiovisual/ electronic material or the request will not be considered. You may print out this form and complete by hand. To complete form electronically, use your TAB key to move through the document, type in the requested information in the shaded areas, then resave the form upon completion. Left click your mouse to select check boxes.

Your name:			
Company/Practice Affiliation:			
Address (Line 1):			
City/Province/Postal Code			
Country:			
Email:			
Phone:		Fax:	

#### DESCRIBE THE ADA MATERIAL YOU WANT TO USE

Please answer all questions that apply.

Media format of requested ADA material:

Printed Brochure       DVD

www.ADA.org (List Web Page Address): \_\_\_\_\_

#### DESCRIBE HOW YOU WISH TO USE THE ADA MATERIAL:

Into which language(s) do you intend to translate the material:	
Will this be a one-time translation or multiple/recurring translations?	

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What is your deadline for translating the ADA copyrighted material?	Note: The ADA does not guarantee that approvals will be granted, if at all, by Requestor's deadline
For what purpose will the translated material be used?	

Translator(s) Name and Address: \_\_\_\_\_

Name of Publisher or Sponsor (if any): \_\_\_\_\_

Media Format in which YOUR publication will be distributed [check all that apply]:

Printed     DVD

Web Page (List Domain Name): \_\_\_\_\_

Other (please describe): \_\_\_\_\_

Expected distribution/publication date(s): \_\_\_\_\_

Estimated number of copies to be printed or produced: \_\_\_\_\_

If copies are free to attendees of a program or seminar, give the cost, name, location and date of the program or seminar:

Please mail, fax or email the completed ADA Request for Copyright Permission form to:

American Dental Association  
211 East Chicago Avenue  
Chicago, IL 60611 USA

Attention: Dr. Barbara Smith  
Fax: 312-440-4640  
Email: smithb@ada.org