

The Palm Springs Historical Society requests tht you answer the following questions:

Date _____
Name _____
Company Name _____

Street Address _____
City _____
Sate _____
Zip _____

A physical address must be supplied

P.O. Box _____
City _____
State _____
Zip _____

Telephone _____
Fax _____
Email _____

What is your project?

How will the Palm Springs Historical Society's photographs, documents, letters or maps be used?

How many photographs do you need for your project? _____
What is the theme of your project? _____
What is your project deadline? _____
What have you published? (only if applies) _____

I understand and agree to pay the Palm Springs Historical Society's photography/image fee (fee will be discussed).

Signature _____

I understand and agree to give the Palm Springs Historical Society credit for photographic images used and for research assistance.

Signature _____

Palm Springs Historical Society
221 South Palm Canyon Drive, Palm Springs, CA 92262
or P.O. Box 1498, Palm Springs, CA 92263
Tel: 760-323-8297 Fax: 760-320-2561 Email: pshistoricalsociety.org

