

Permission Request and Approval Form

This form is used to request permission from the Oncology Nursing Society ("ONS") for the non-exclusive right to use certain ONS materials. Please allow at least 14 days for ONS to process the request.

Date of Request: _____

ONS Materials for which permission is requested:

Specific product, publication, or content: _____

Year of publication: _____

Page number(s) if a print item: _____

Website address if from a web page: _____

Any additional information related to where exactly you saw or obtained the content: _____

Requestor Information

Name: _____

Company or institution: _____

Street address: _____

City, State, Zip Code: _____

Country: _____

Phone number: _____

E-mail address: _____

Are you (or the person you are representing) a contributing author of the content? _____

Use Information

Content will be [check one]

- Reprinted for use in another publication
- Adapted for use in another publication [attach copy of adaptation]
- Photocopied for distribution [number of copies]: _____
- Posted online [provide time duration, name of website, and web address]: _____
- Other [please explain]: _____

Company or institution that will publish or otherwise use the content: _____

Purpose (staff training, classroom teaching, patient education, etc.): _____

Estimated number of potential viewers or audience: _____

Who will the viewers be? _____

Will a fee be charged to view?: _____ If yes, what will the fee be?: _____

How will content be provided to users (online, email, handouts, photocopies, etc.): _____

Expected date of publication or use: _____

Expected duration of use: _____

Number of individual hospitals in your system, facilities, schools, or other institutions that will use: _____

Distribution (North America only or worldwide): _____

<p>Requestor</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Organization: _____</p> <p>The individual signing this form has the authority to bind the individual's company or institution to the Terms and Conditions attached hereto and incorporated herein and any other terms stated in this permission form.</p>	<p>Oncology Nursing Society (for internal ONS use only)</p> <p>___ Permission Approved ___ Permission Not Approved</p> <p>Duration: _____</p> <p>Fee (use NA if not applicable): _____</p> <p>Additional terms: _____</p> <p>Director Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p>
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Terms and Conditions

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