

Application for Permission to Use and Distribute Files from the William A. Watkins Collection of Marine Mammal Sound Recordings

Return completed form to: New Bedford Whaling Museum, 18 Johnny Cake Hill, New Bedford, MA, 02740, attn. Robert Rocha, or fax to 508-717-6866, or email to rrocha@whalingmuseum.org

Applica	ant (address and contact person):		Telephone: Email:
Vendor	/ Company / Research Institution ((if different, or indicate same):	
Files Re	equested (indicate which species need	ded; if all of one category, e.g. dolp	ohins, you can write 'all dolphins')
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Master	· Tapes		
Work to	o be Produced:		
	nercial Product:		
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	Purpose:		
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	Name		
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Digita	al Title:		
	Authors / Editors:		
	Number to be produced: Online Jour	rnals Online Magazines	E-books
	One Continent/one language	North American/English	World/multi-language
Web	Website address		
	First page or secondary page	Password Protected Y / N	
Exhibit	tion		
	Title Dura	tion Dates	

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- Within the caption (on page) in legible-size type.
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Authorized Signature for the Applicant	Date
Print Name and Title	
Signature for The New Bedford Whaling Museum	Date
Print Name and Title	