



YIVO Services Price List

INVOICE # _____

*Below is a list of YIVO's current rates. The total amount due for services requested is at the bottom of the page.
Pre-payment is required for all orders. Please note that YIVO reserves the right to change prices at any time.*

*Please return your signed form with your payment by check or money order.
Fees are payable in U.S. funds only, drawn on a U.S. bank.*

DUPLICATION SERVICES

Photocopying (researcher on premises, limit 200 pages per month)	_____ @ \$0.35/copy	_____
Photocopying (outside orders)		
Photocopies	_____ @ \$0.50/copy	_____
Shipping and handling (U.S.)	_____ \$5.00 minimum	_____
Shipping and handling (foreign)	_____ \$8.00 minimum	_____
Photocopying from microfilm	_____ @ \$0.50/copy	_____
Microfilming (books/periodicals only)	_____ @ \$0.50/frame	_____
Copy of positive or negative microfilm reel (shipping not included)	_____ @ \$100.00/reel	_____

EXTENDED RESEARCH (limited availability)

\$50/hour plus \$0.35 per photocopy	50 copies maximum in Archives	_____
	150 copies maximum in Library	_____

IMAGE DUPLICATION

High resolution digital reproductions	_____ scans @ \$40/each	_____
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USAGE FEES FOR STILL IMAGES

*This is a charge per item besides duplication price.
Usage fees are for one time use.*

_____ images @ \$40/each	_____
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MOVING IMAGE FEES

Reproduction fee for lab transfer (duplication to video tape or to DVD)	_____ \$80.00/tape	_____
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Prepayment is required before we authorize start of work.

Usage fee for YIVO footage

Commercial Television and Film	_____ \$1,600.00/minute	_____
Public Television	_____ \$1,200.00/minute	_____
Independent Film and Video	_____ \$800.00/minute	_____

IN-HOUSE FILMING AND PHOTOGRAPHY

Use of YIVO facilities	_____ hours @ \$60.00/hour	_____
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TOTAL: _____

Request Form

PURPOSE FOR WHICH REPRODUCTION IS REQUIRED:

- Research, Scholarship, Private Study Publication Exhibit Web/Social Media
 Commercial (including Film and TV) Non-Commercial (including Film and TV)

TYPE OF REQUEST:

- Photocopy Microfilm Slide
 Photograph Scan _____ dpi, preferred format: TIFF / JPG (circle one)

Title or description of material desired:

REPRODUCTION RIGHTS AND PERMISSION TO PUBLISH

1. Requests for permission to reproduce materials for publication should be made in written form to the Archives/Library, YIVO Institute for Jewish Research, 15 West 16th Street, New York, NY 10011-6031.
2. It is the policy of the YIVO Institute to charge a usage fee for the commercial publication or reproduction of each original, unique and rare item from its collections. Usage fees are charged in addition to reproduction costs and are payable upon submission of this signed request form. Fees for the reproduction of a large number of items must be negotiated.
3. Permission to reproduce is granted on a case-by-case basis, depending on the condition and legal status of the items. Except in certain instances, YIVO does not own copyright to the material in its collections. The user assumes all responsibility for questions of copyright that may arise in the use made of copies of YIVO materials. Reproduction for publication purposes, therefore, is subject to the user's securing permission from persons, corporations, or other legal entities that may own or claim such rights under statutory or common law.
4. A credit line indicating YIVO Institute as the source of material is required.
5. **Release and Indemnification.** In requesting permission for a reproduction of the item or items described above, the undersigned agrees to hold harmless (including court costs and attorney's fees), the YIVO Institute from any action involving infringement of the rights of an author or illustrator or her/his heirs or descendants in common law or under statutory copyright.

I have read the above conditions. I agree to acknowledge the source of material as follows:

"From the [Archives/Library] of the YIVO Institute for Jewish Research." Upon publication or production of the work in which the above material is used, I will send a copy, free of charge, to the YIVO Institute for deposit in the Library or Archives.

SIGNATURE _____

DATE _____

NAME (PLEASE PRINT CLEARLY) _____

ADDRESS _____

PHONE/FAX/E-MAIL _____

AUTHORIZED BY _____

DATE _____