Researcher Translation Request Form

COMPLETE FORM AND RETURN TO: translations@proedinc.com

Attn: Foreign Rights Editor **Date:** _____

I am requesting permission for (check all that apply):

☐ **translation** ☐ **use in an academic journal** ☐ **research** ☐ **pharmaceutical research**

Language of translation:_____ **Country of circulation:**_____

I am requesting permission for the following PRO-ED Test, Book, or Material:

Title: _____

Authors: _____

PRO-ED Product Number: _____

Requestor Information

Company/Institution: _____ Affiliates: _____

Name: _____

Title: _____

My Billing Address: _____

_____

Phone: _____

Email: _____ Website: _____

Proposed usage of PRO-ED material (please complete all sections):

Number of individuals to be tested? _____ Total number of administrations (test/retest)_____

Number of reproductions of each test item to be produced? _____

How long will the study run? _____

Where do the individuals come from? _____

How is your research being funded? _____

Will there be a fee for the reproductions? _____ If yes, what amount?_____

Where will the reproductions be distributed? _____

Additional Information: (Detailed description of Research – attach additional page if necessary)

_____

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