

## Organization for Safety, Asepsis & Prevention (OSAP) Reprint Request Form

Your Name:
Your Email Address or Fax Number:
OSAP Document(s) to be Reprinted [specify exact publication, issue number, page(s), etc.]:
Describe Recipients & Venue for OSAP Reprints:
Date for Reprint Distribution:
Date for Reprint Distribution.
Number of Recipients:
All OSAP resources are copyrighted. OSAP members in good standing may request permission to use these materials. Please complete and submit this form for any use of OSAP materials. OSAP will review and return signed authorization for reuse as soon as possible, usually within 24 hours.
OSAP EMAIL: office@osap.org FAX: 404-760-4233
OSAP Central Office
Date:
Permission Granted
Signature of OSAP Representative: