

## ADRIAN PIPER RESEARCH ARCHIVE FOUNDATION BERLIN

## Archive Visitor Application

Please complete, sign and return this form via e-r	ail to the APRA Foundation Bo	
your interest.  1. RESEARCH		
PURPOSE:		
2. PROPOSED RESEARCH		_
DATE(S):		
3. VISITOR		
NAME:		
4. VISITOR		
TITLE:		
5. VISITOR INSTITUTIONAL AFFILIATION (IF ANY)		
6. VISITOR		
STREET ADDRESS 1:		
7. VISITOR		
STREET ADDRESS 2:		
8. CITY, STATE,		
POSTAL CODE:		
9. COUNTRY:		
10 MOTOD		
10.VISITOR E-MAIL ADDRESS:		
11. VISITOR		
TELEPHONE NR.:		
12. VISITOR		
FAX NR.:		
13. VISITOR/VENUE VAT NR.:		
(EU Enterprises only)		
Title of Work Requested for Viewi	g Date of Work	Medium
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(1) The Works Requested for Viewing listed above	TERMS	able for viewing by advance appointment with
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APRA's Archivist.	e are prepared and made avail	• • • • • • • • • • • • • • • • • • • •
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Founder & Trustee: Adrian M. S. Piper

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