



**PERMISSION TO CITE AND PUBLISH**

Copyright owner, the AMERICAN ACADEMY OF THE HISTORY OF DENTISTRY (the Academy), hereby authorizes

\_\_\_\_\_

to cite and publish the material identified below. In granting permission, the Academy does not surrender its own right to publish the item(s) nor its right to grant the same permission to others. The permission granted hereby is non-exclusive. Permission is granted for worldwide rights in the English language for one-time use only, exclusively in the Project agreed to by the Academy. No electronic reproduction is authorized.

\_\_\_\_\_ agrees to release the Academy from any and all claims, demands, and causes of action which may now or in the future result from the Academy's participation in this Project.

Material to be reproduced: \_\_\_\_\_

The credit line that must be used in association with this material is **Journal of the History of Dentistry**.

Title of Facsimile, Publication or Project: \_\_\_\_\_

Publication Information: \_\_\_\_\_

I understand this agreement and freely agree to its terms:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME (PLEASE PRINT): \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

STREET ADDRESS/SUITE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVENCE: \_\_\_\_\_

ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Approved for the AMERICAN ACADEMY OF THE HISTORY OF DENTISTRY by its duly authorized representative:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DAVID A. CHERNIN, DMD, MLS, EDITOR, JOURNAL OF THE HISTORY OF DENTISTRY