

## **COPYRIGHT PERMISSION REQUEST FORM**

Please return to the attention of:

Email: info@cts-sct.ca

| Name:  | Telephone:   |
|--|--|
| Company/Organization:  | Email:   |
| Address:   |  |
| Details re: CTS material requested   |  |
| Full publication title:  |  |
| Educational Slide Deck:  |  |
| Quick Reference Guide:   |  |
| Implementation Tool (i.e., medication table):  |  |
| Other (please specify):  |  |
|  | ission form – requests for figures and tables from a CTS             |
|  | s office of the CTS journal (Canadian Journal of Respiratory,        |
| Critical Care and Sleep Medicine) at: https://www.tang   | <u>lfonline.com/toc/ucts20/current</u> .                             |
| Select the guideline article   |  |
| <ul> <li>click on the reprints &amp; permissions button under the second second</li></ul> |  |
| click on request permissions to complete your r  | request  |
| Intended use:  |  |
| Check where applicable:  |  |
| Reproduce part of the guideline or quick reference gu  | lide   |
| Adapt part of the guideline  |  |
| □ Reference the guideline  |  |
| □ Use link to website  |  |
| Educational (one-time use of material):  |  |
|  | .g., teaching in faculty of medicine, hospital rounds, in-service    |
|  | Ithcare professionals – i.e. no program funding, fees or             |
| honoraria)   |  |
|  | <b>ply</b> (e.g., Industry advisory boards, industry funded CME/CHE, |
| programs for which fees are charged)   | by (e.g., muustry auvisory boards, muustry fundeu civit/cht,         |
| <ul> <li>Program/project is co-funded by Industry, governme</li> </ul>   | nt or other * Note: fees will apply                                  |
|  |  |
| Who will use this material, who is the intended audiend  | ce?  |
| In what medium will you reproduce this material (print c   | r electronic)? How many copies of this material do you want to       |
| make? (if unknown, please estimate).   |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

| What do you plan to do with this material? (Where you are seeking permission to republish the material(s) within a larger |
|---|
| document, publication, program or project; to present at a meeting (virtual or in-person), please provide the details of  |
| that document, publication, program, project, or event).  |

Who is the intended audience?

If you are requesting to use this material on a website, provide the address of the site and details about the site's security and the protection of the material here:

When do you plan to publish/distribute/present this material?

If you are requesting to use this material for commercial use, please ask the Sponsor of this event to complete the <u>CTS</u> <u>Speaker's Bureau Event Form</u> to be submitted directly to CTS.

If you would like to use this material <u>more than one time</u>, please list the additional events, publications, documents, programs or projects. CTS staff will contact you for more details.

Provide any additional details about your intended use here.

| Membe  | ership (if applicable):   |
|--|---|
| Please in  | ndicate if you are a member of the  |
|  | Canadian Thoracic Society (CTS)   |
|  | CTS - Canadian Respiratory Health Professional (CRHP) Assembly  |
|  | Not a Member  |
|  | *Note: A fee will apply to non-Members for some educational materials   |
| Agreeme  | ent: I understand that CTS approval is contingent upon adherence to the following terms of use:                     |
|  |   |
| $\succ$  | Approval is given for single one-time use unless specified, i.e. not for further redistribution without permission; |
| ≻  | CTS copyrighted content/materials cannot be modified in any way;  |
| $\succ$  | All elements must be preserved including branding (where included); and   |
| $\succ$  | CTS must be acknowledged as the source and authors cited appropriately.   |
| I agree to abide by these terms of use and have the authority to bind my organization accordingly: |   |
| Name:  | Signature:  |
| To be co   | ompleted by Canadian Thoracic Society:  |
| Request  | t Approved by: Date: Date:  |