

## ADRIAN PIPER RESEARCH ARCHIVE FOUNDATION BERLIN

## Archive Visitor Application

our 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:	<u> </u>		
40111011107			
10.VISITOR E-MAIL ADDRESS:			
11. VISITOR			
TELEPHONE NR.:			
12. VISITOR			
FAX NR.:			
3. VISITOR/VENUE VAT NR.:			
(EU Enterprises only)			
T'(1 (IV 1 D	16 77'	D ( (W 1	M 11
Title of Work Requested for Viewing		Date of Work	Medium
_			
		TERMS	
	ng listed above are prep		le for viewing by advance appointment w
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