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I For: Berlin Tourismus & Kongress GmbH (*visitBerlin*) | Am Karlsbad 11 | 10785 Berlin

as assigned by *visitBerlin* staff member/department:

Email (of assigning *visitBerlin* staff member):

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- Please fill out the form completely and sign to give your consent.
- You can send this form via email or fax to the contacts listed above.

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I Specification of image credits (copyrights) and image motifs (screenshots)

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a one-time license fee of € _____ **

**Should a license fee be agreed, the invoice must be submitted to:

Berlin Tourismus & Kongress GmbH | Am Karlsbad 11 | 10785 Berlin.

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Place, Date

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Signature Sender (Legal representative)