**This form should be completed for all CardioSmart content permission requests. Please be as detailed as possible when providing the information requested. Send your completed form to** **astephen@acc.org****.**

|  |
| --- |
| **Contact Information** |
| **Name** |  |
| **Email** |  |
| **Company Name** |  |
| **Company Address** |  |
| **Phone** |  |
| **Content Details** |
| **Content Title** |  |
| **Content Description** |  |
| **Content Location/URL** |  |
| **How will this content be used? (2-3 sentences)** |  |
| **Who is requesting permission to use this content and should be listed as the licensee in a license agreement?**  |  |
| **How long do you wish to use the content/ what is the desired term length?**  |  |
| **FOR ACCF USE ONLY** |  |
| **Any restrictions on use of the content?** |  |