# Request to use the Agency for Clinical Innovation logo

The Agency for Clinical Innovation (ACI) logo cannot be reproduced on any published material or resource without the approval of the ACI Communications Manager.

Approval to reproduce the ACI logo is conditional upon approval of the intended use by the ACI and your acceptance of the ACI’s logo reproduction conditions.

*Save this form and attach it in an email to* aci-media@health.nsw.gov.au

## Contact information

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Address |  |
| Tel. |  | Fax |  |
| Email |  |
| Contact person in ACI |  | Tel. |  |

## Describe briefly the intended use of the ACI logo

|  |  |
| --- | --- |
| Title of publication/resource |  |
| Overview |  |

## Check the logo file formats you require

*Colour:* [ ]  CMYK [ ]  RGB [ ]  B&W

*File type:* [ ] TIF [ ]  JPEG [ ]  EPS

*End use* [ ]  Web [ ]  Printed publication [ ]  Other *(please provide details)*

## Conditions for the reproduction of the ACI logo

1. The ACI logo MUST NOT be edited or distorted in any way.
2. The specified PMS colour (PMS 308; CMYK 100, 5, 0, 47) must be used if spot colours are applied to the ACI logo.
3. The ACI logo MAY NOT be used to provide or imply endorsement or promotion by the ACI of any product or service or class of products or services or be associated with commercial interests.
4. The ACI logo MAY NOT be used to directly or indirectly imply that cigarettes, drugs or alcohol are related to health promotion. NOTE: “Drugs” refers to illicit substances and inappropriate use of those substances.
5. No responsibility or liability lies with the ACI, the Health Administration Corporation, or any Health Service, or any employee, agent or servant for any errors or omissions in respect of the use of the ACI logo by the recipient.
6. The ACI logo is only to be used for the purposes specified in this request form.
7. Where the ACI logo is used in a publication or resource, the ACI must be provided with a PDF of the final art and sent as an attachment to aci-media@health.nsw.gov.au

## I accept the conditions for the use of the ACI logo

|  |  |
| --- | --- |
| Requestor’s name |  |
| Date |  |
| Request approved by(Manager’s name in ACI) |  |
| Manager’s title |  |

*Please attach this form in an email to the ACI*

**You will be notified by email if your logo request has been approved. The email will also include your specified logo file type(s).**

***Office use only***

|  |  |
| --- | --- |
| Logo request approved by (name) |  |
| Signature |  |
| Date |  |
| Date logo sent |  |