



**INDIAN ASSOCIATION OF RESPIRATORY CARE (IARC)**

Reg. No: UDP-S-171/2011-12 of Karnataka Society Act 1960

**IARC LOGO SUPPORT REQUISITION FORM**

Requests must be submitted on this official form only and must be mailed IARC for approval.  
One form per each request, duplicated if needed.

Email to forward a completed form: [vp@iarc.in](mailto:vp@iarc.in) , [avp@iarc.in](mailto:avp@iarc.in)

*Requestor Information*

Your name:	
Your title:	
Organization name:	
Type of business:	
Address:	
City, State, Zip/Postal code:	
Telephone number:	
Email address:	

How do you intend to use the trademark/logo? What types of materials do you expect to create?

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I wish to include the IARC logo in the following material: (please tick against each category)

Website	
Leaflet/Flyer	
Brochure	
Advertisement	
Corporate folder	
Stationery (please state what kind)	

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Other (please state)

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If you are planning to use the logo on a website, provide the address of that site here.  
Please note, this website must be completed before approval can be granted.

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**Who do you expect to see your promotional materials? Who is your intended audience?**

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**When do you want to begin to use the logo or trademark?**

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Proposed design draft Please confirm that the draft design is attached to this application:

Yes  No (please state reason) -

\_\_\_\_\_

Once approval has been authorized the IARC office will forward the logo and logo usage guidelines

*I hereby agree to comply with the above terms and conditions:*

Signed : \_\_\_\_\_

Date : \_\_\_\_\_

Signature of the Regional EC Member: \_\_\_\_\_

Date: \_\_\_\_\_



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For office use only:

Date of application : \_\_\_\_\_

Application ref : \_\_\_\_\_

Authorised given : \_\_\_\_\_

Authorisation denied : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

*NOTE: A completed application form should reach IARC office at least three weeks prior to the event OR the proposed program OR project OR the intended date to begin the use the Logo or Trademark.*