



Cambridge Community Television

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617-661-6927 (fax)
www.cctvcambridge.org

DUPLICATION ORDER

NAME _____

ORGANIZATION/BUSINESS _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

PHONE HOME: _____ WORK: _____ CELL: _____

EMAIL _____

ORDER DATE: ___ / ___ / ___

COPIES NEEDED BY: ___ / ___ / ___

TITLE: _____ LENGTH (MINUTES): _____

ORIGINAL: VHS SVHS MINI DV DVD OTHER

► Special instructions: _____

MEDIA STOCK:

- ___ VHS 10 MIN @ \$2.50 ___ SVHS 30 @ \$ 9.00
- ___ VHS 30 MIN @ \$4.00 ___ SVHS 60 @ \$10.00
- ___ VHS 60 MIN @ \$5.00 ___ SVHS 120 @ \$12.00
- ___ VHS 120 MIN @ \$6.00 ___ MiniDV 63 @ \$10.00
- ___ VHS 160 MIN @ \$7.00 ___ DVD 90 @ \$4.00

LABOR RATE:

- MEMBER @ \$15.00 PER PASS/PER HOUR
- COMMERCIAL @ \$20.00 PER PASS/PER HOUR

MEDIA STOCK TOTAL: _____ + 5% TAX: _____ + LABOR: _____ = TOTAL: _____

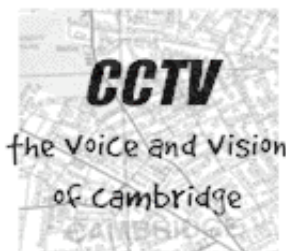
ORDER FILLED ___ / ___ / ___ BY: _____

PICKED UP ___ / ___ / ___ BY (SIGNATURE): _____

By signing this agreement, I certify that I have the legal rights required to make duplicates of the intellectual material contained in this order and CCTV, its members, volunteers or staff, will not be held responsible for any copyright infringements as a result. I understand that CCTV does its best to protect original copies but will not be held responsible for lost or damaged materials or orders not retrieved after 30 days. I understand that refunds are given only upon return of the copy media within seven days from the order completion date.

I understand and agree to the above.

Signature: _____ Date: _____



OFFICE USE ONLY DATE: ___ / ___ / ___

PAID IN FULL: _____ PAID RECEIPT #: _____

AMT REC'D: CHECK _____ CASH _____ PO# _____

STAFF: _____ **TAPE DUB ORDER v 12.7.05**