

# Duplication Order

cctvcambridge.org/forms



Cambridge  
Community  
Television

Consult CCTV staff before completing this form.

▶ **Customer** \_\_\_\_\_  
**Business/Organization** (optional) \_\_\_\_\_  
**Address, City, State, ZIP** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

▶ **Original Title** \_\_\_\_\_  
**Original Length** \_\_\_\_\_ **minutes**      **Original Media Format:** Specify one.      VHS      SVHS      MiniDV  
DVD      Other \_\_\_\_\_

▶ **Duplicate Media Format:** Specify one.  
If customer is purchasing media from CCTV, specify quantity and calculate Duplicate Media Price and Sales Tax (6.25% of Duplicate Media Price).  
63 min MiniDV: \$10 ea      90 min DVD: \$4 ea  
Other format (and unit price if purchasing)      Quantity  
\_\_\_\_\_      \_\_\_\_\_  
**Duplicate Media Price** \$ \_\_\_\_\_  
**Sales Tax (6.25%)** \$ \_\_\_\_\_

▶ **Labor:** Specify labor rate, hours of labor and number of duplication passes. Calculate Labor Price. All orders require one hour and one pass minimum.  
Member: \$15 per hr per pass      Hours      Passes  
Non-Member/Commercial:      \$20 per hr per pass      \_\_\_\_\_      \_\_\_\_\_  
**Labor Price** \$ \_\_\_\_\_

▶ **Duplicates Needed by Date** \_\_\_\_\_  
**Duplication Instructions** \_\_\_\_\_  
\_\_\_\_\_

**Total Order Price** \$ \_\_\_\_\_  
= Duplicate Media Price + Sales Tax + Labor Price

▶ **By signing and dating this section,** 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 for defective duplicate media are given only upon return of the duplicate media within seven days from the order completion date.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Is Customer over 18?**      Yes      No: Provide Parent/Guardian's Signature \_\_\_\_\_

▶ **Duplicate Media Received By**  
**Signature** \_\_\_\_\_ **Date Received** \_\_\_\_\_

<b>OFFICE USE ONLY</b>	<b>Date Completed</b> _____	<b>Staff</b> _____
<b>Date Paid</b> _____	<b>Transit #</b> _____	
<b>Amt recd</b> check _____    cash _____    credit _____		
<b>Staff</b> _____		<b>V 2015.04.29</b>

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