

Duplication Order

cctvcambridge.org/forms



Consult a CCTV Staff member before completing this form.

▶ Customer _____
_____ If Customer is a business or organization, also specify an individual Contact person.

Address, City, State, ZIP _____
Phone _____ E-mail _____

▶ Original Title _____
Original Length _____ minutes Original Media Format: Specify one. MiniDV DVD VHS
 SVHS SD Card Other _____

▶ Order Price _____
▶ Duplicate Media: Specify one format for duplicates. If customer is purchasing blank media from CCTV, calculate Duplicate Media Price and specify Sales Tax.
 SD Card Other (provided by Customer)
▶ Labor: Specify labor rate and number of duplication passes. Calculate Labor Price. All orders require one hour and one pass minimum.
 Member: \$15 per pass Passes _____
 Non-Member/Commercial: \$30 per hr per pass
▶ Duplicate Media Price _____
▶ Sales Tax (see reverse) _____
▶ Labor Price _____
Total Order Price _____

Note: CCTV does not guarantee the current or future availability of any media format for playback/duplication.

▶ Duplicates Needed by Date _____
Duplication Instructions:

▶ 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 purchased from CCTV are given only upon return of the media within seven days from the order completion date.

Signature _____ Date _____

Is Customer over 18? Yes No: Provide Parent/Guardian's Signature _____

▶ Duplicates Received by
Signature _____ Date _____

OFFICE USE ONLY	Date Completed _____	Staff _____
Dt Pd, Tran _____	Dt Pd, Tran _____	
Amt <input type="radio"/> ck <input type="radio"/> cs <input type="radio"/> cr _____	Amt <input type="radio"/> ck <input type="radio"/> cs <input type="radio"/> cr _____	
Staff _____	Staff _____	v. 2019.12.12

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