



## Media Duplication Request

Date: \_\_\_\_\_ Date Completed(Staff): \_\_\_\_\_

Your Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Program Episode/Month: \_\_\_\_\_

Number of Copies: \_\_\_\_\_

Media to be copied to (DVD, VHS, Other\*) \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_ Thank You!

Paid (Check #, Cash): \_\_\_\_\_ Received by: \_\_\_\_\_

### Dubbing Fee Schedule

All blank media must be approved by Media Network

Producers may receive 1<sup>st</sup> copy for free if producer supplies blank media

\*An additional fee may apply to special media (ex. 16mm/8mm film transfers)

	You provide media	Network provides Media
½ Hr.	\$5.00	\$10.00
1 Hr.	\$10.00	\$15.00
1-1/2Hr.	\$15.00	\$20.00
2 Hr.	\$20.00	\$25.00