



MEDIA DUPLICATION REQUEST

Date: _____ Date Completed(Staff): _____

Name: _____

Phone Number: _____

Name of Program: _____

Program Episode/Month: _____

Number of Copies: _____

Media to be copied to (DVD's, VHS, Other) _____

Total Cost: _____ Thank You!

Paid (Check #, Cash, Card) _____ Received By: _____

DUBBING FEE SCHEDULE

All blank media must be approved by Media Network

Producers may receive 1st copy free if producer supplies blank media.

*An additional fee may apply to special media (Ex: 16mm/8mm film transfer)

	<u>You provide media</u>	<u>Network provides media</u>
1/2 Hr.	\$5.00	\$10.00
1 Hr.	\$10.00	\$15.00
1-1/2 Hr.	\$15.00	\$20.00
2 Hr.	\$20.00	\$25.00