



PRODUCTION SERVICES

AV/PRODUCTION REQUEST FORM

Job # _____
Date received _____

TODAY'S DATE: ___/___/___

DATE NEEDED: ___/___/___

PLEASE PRINT

Requested by _____

School District _____

School Building _____

AEA Account # _____

- VAN DELIVERY
- CUSTOMER PICK-UP

Home Phone (____) _____

Work Phone (____) _____

BILL TO:

SCHOOL P.O. # _____

INDIVIDUAL

AEA 267 FOLLOWS STRICT ADHERENCE TO FEDERAL COPYRIGHT LAWS

- | | | |
|--------------------------------------|---------------------|---------------------|
| __ Lamination | __ DVD Duplication | __ Transparencies |
| __ Video Duplication | __ CD Duplication | __ Scratch Pads |
| __ Scanning | __ Layout/Art work | __ Spiral Coil Bind |
| __(LAPS) Learning Activities Posters | __ Pin back buttons | __ Comb Binding |

VIDEO

__ Video Duplication __ Audio Duplication __ Video Editing

SPECIAL INSTRUCTIONS

__ Off Air recording: Date _____ Network _____

Begin Central Time ___:___^{a.m.}/_{p.m.} End ___:___^{a.m.}/_{p.m.}

List Title(s) ----->

__ Satellite recording: Date _____ Write coordinates below

Begin Central Time ___:___^{a.m.}/_{p.m.} End ___:___^{a.m.}/_{p.m.}

List Title(s) ----->

SUPPLIES

If you have questions or would like a price quote please contact your regional AEA 267 office.

Audio/Video # of Programs _____	Type _____	Hours _____	Lamination Feet _____	\$ _____	TOTAL _____
Graphics Time: _____			OTHER _____		DATE SENT _____