

Mac's Resource Services

General Video Services Field Recording Request Form - Wedding Contract

Phone: 302.984.1179 - 804 North Madison Street Wilmington, DE 19801 Cell: 302.563.9592 Email: vs@macsrs.com

Name _____ Date _____
 Email _____ Phone _____
 Dept _____ Fax _____ Mail Stop _____
 Event Title _____ Length _____
 Event Location _____
 Event Date _____ Event Start Time _____ Event Stop Time _____

PURPOSE OF EVENT (Prior to the event a signed release from the guest is required. Contact Video Services for a release form.)
Special Event (guest lectures, artists, or performances)

COPIES OF THE EVENT (select one)

No copies are needed. I will only need the original DVD or MiniDV tape for my purposes.

Please copy the unedited event to final media (VHS, DVD). (See below.)

I will need video services to edit this event before creating final copies. (Contact Video Services for more info.)

DISTRIBUTION OF THE EVENT (select as many as apply)

Please send _____ copy(s) for use to the customer.

Please prepare the event for web streaming.

I will distribute copies of the event myself. (Please indicate number and type of copies needed)

NUMBER & TYPE OF COPIES – VHS _____ DVD _____ MiniDV _____ Other (specify) _____

<p>Materials: (check one below) Tapes/Disks for recording are attached. *Please rewind and label all media! Video Services will provide and bill me for recording media.</p>	<p><i>Special Instructions:</i></p>
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Billing Classification

Please check the appropriate billing classification below. For our current rates, go to <http://west.wvu.edu/atus/video/requestandpricing.asp>.

OFFICE USE ONLY

Materials	QTY	Price	Total	Login No.
Technician:				
Labor/Hrs:				
Date Completed:				
Labor Rate \$150.00 HR	HRS	Price	Total	Cash/Receipt #:
_____ Recipient's Signature				
Date Picked Up: _____				
				Notes:
				Total Materials
				Total Labor
				Job Total